

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15895

CERTIFICATE OF DEATH

15881

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.
 Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First MARY	Middle ISABELLE	Last BAKER	2a. DATE OF DEATH Month November	2b. HOUR Day 27 Year 1968 IF UNDER 1 YEAR MONTHS 7 IF UNDER 24 HRS. DAYS 3 HOURS 7 MIN 44 M
3. SEX Female	4. RACE White	5. DATE OF BIRTH August 17, 1898		6. AGE (In years lost birthday) 70 YRS.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick		
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Montevue County Home		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 219 W. Patrick Street	12b. KIND OF BUSINESS OR INDUSTRY
14. FATHER'S NAME First John	Middle Stottlemeyer	Last Susan	15. MOTHER'S MAIDEN NAME First Middle Last Wolfe		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 220 10 5413	17. INFORMANT Mr. William A. Bruchey, Rt. 8, Frederick, Md.	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>4109</i> <i>Mycocardial infarction, acute</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. <i>4201</i> (b) <i>arteriosclerotic cardiovascular disease</i> DUE TO, OR AS A CONSEQUENCE OF (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 min.		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Diabetes mellitus</i>					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <i>Aug 26, 1968</i> , to <i>Nov 27, 1968</i> , that (I) (we) last saw the deceased alive on <i>Nov 27, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>LeRoy T. Davis</i>	DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED Nov 27, 1968	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS 228 N. Market Street, Frederick, Md.				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 30, 1968	23c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	23d. LOCATION (City or Town) Frederick	(County) Frederick	(State) Md.
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.	ADDRESS <i>Donald M. Fidley</i>	25a. REC'D BY REGISTRAR DATE NOV 29 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15896

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.
 Page 4 may be retained by the hospital or attending physician.
 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 4 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Doris	Middle B.	Last Clark	2a. DATE OF DEATH Nov. 9 1968	2b. HOUR 7:55M
3. SEX Female	4. RACE White	5. DATE OF BIRTH Jan. 17- 1910		6. AGE (In years last birthday) 58 yrs.	12a. UNDER 1 YEAR MONTHS 12b. UNDER 24 HRS. DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Connecticut	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick		
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) DCA-Frederick Mem. Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Ass't. Director	12b. KIND OF BUSINESS OR INDUSTRY Church Center	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Frederick	13c. CITY OR TOWN Buckeystown	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER -----	
14. FATHER'S NAME Charles R. Beardsley	15. MOTHER'S MAIDEN NAME Julia		Middle Jenkin	Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 043-28-1952	17. INFORMANT L. Gillmore Clark-Buckeystown, Md. 21717	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac arrest</i> 4129 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Coronary artery disease</i> DUE TO, OR AS A CONSEQUENCE OF (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201					
19a. DATE OF OPERATION MEDICAL CERTIFICATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>James B. Thomas</i>	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED Nov. 9-1968	
22d. PHYSICIAN'S NAME (Type) Dr. James B. Thomas	22e. ADDRESS Prof. Bldg.- Frederick, Md. 21701				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 13-1968	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery	23d. LOCATION (City or Town) Frederick, Md. 21701	(County) Frederick	(State)
24. FUNERAL DIRECTOR Elwood T. M.R. Etchison & Son	ADDRESS Frederick, Md. 21701	25a. REC'D BY REGISTRAR NOV 13 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

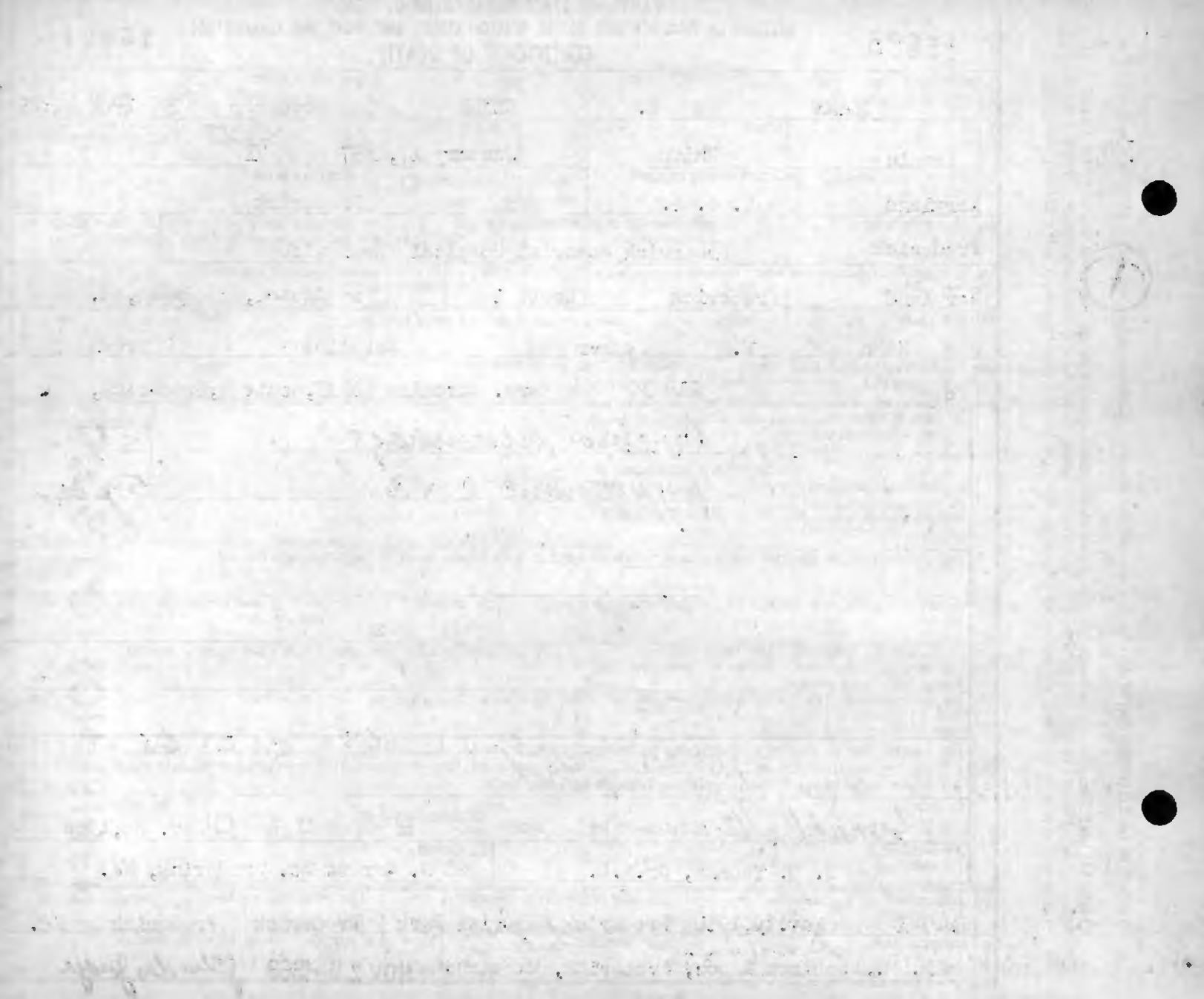
CERTIFICATE OF DEATH

15897

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, and in any event, within 72 hours after death.

15883		2. DATE OF DEATH Month Day Year November 25 1968					2b. HOUR 11:25 M							
1. DECEASED NAME (Type or print)		First CLARA	Middle H.	Last CLINE	3. SEX Female		4. RACE White		5. DATE OF BIRTH January 17, 1897		6. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U. S. A.		8. MARRIED WIDOWED <input checked="" type="checkbox"/>		9. COUNTY OF DEATH Frederick								
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife										
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Frederick		13c. CITY OR TOWN Route 1		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Routel, Jefferson, Md.						
14. FATHER'S NAME John		First F.	Middle Masser	15. MOTHER'S MAIDEN NAME Caroline		16. SOCIAL SECURITY NO. 218 30 9084		17. INFORMANT Mrs. Caroline Wulff, Route 4, Frederick, Md.		12b. KIND OF BUSINESS OR INDUSTRY Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Cerebral hemorrhage								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days				
4120 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive C. V. D.								5 years				
(c)		DUE TO, OR AS A CONSEQUENCE OF												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)														
443 X 2 MEDICAL CERTIFICATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)										
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State				
22a. I certify that (I) (this hospital) attended the deceased from April 1, 1968, to November 25, 1968, that (I) (we) last saw the deceased alive on Nov. 25 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.														
22b. SIGNATURE Donald J. Thomas Jr.		22c. DATE SIGNED Nov. 26, 1968												
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS B. O. Thomas, Jr. M.D.												
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 29, 1968		23c. NAME OF CEMETERY OR CREMATORIUM Frederick Memorial Park		23d. LOCATION (City or Town) Frederick		(County) Frederick		(State) Md.				
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS Fadley		25a. REC'D BY REGISTRAR NOV 29 1968		25b. REGISTRAR'S SIGNATURE Charles Judge								



MARYLAND STATE DEPARTMENT OF HEALTH

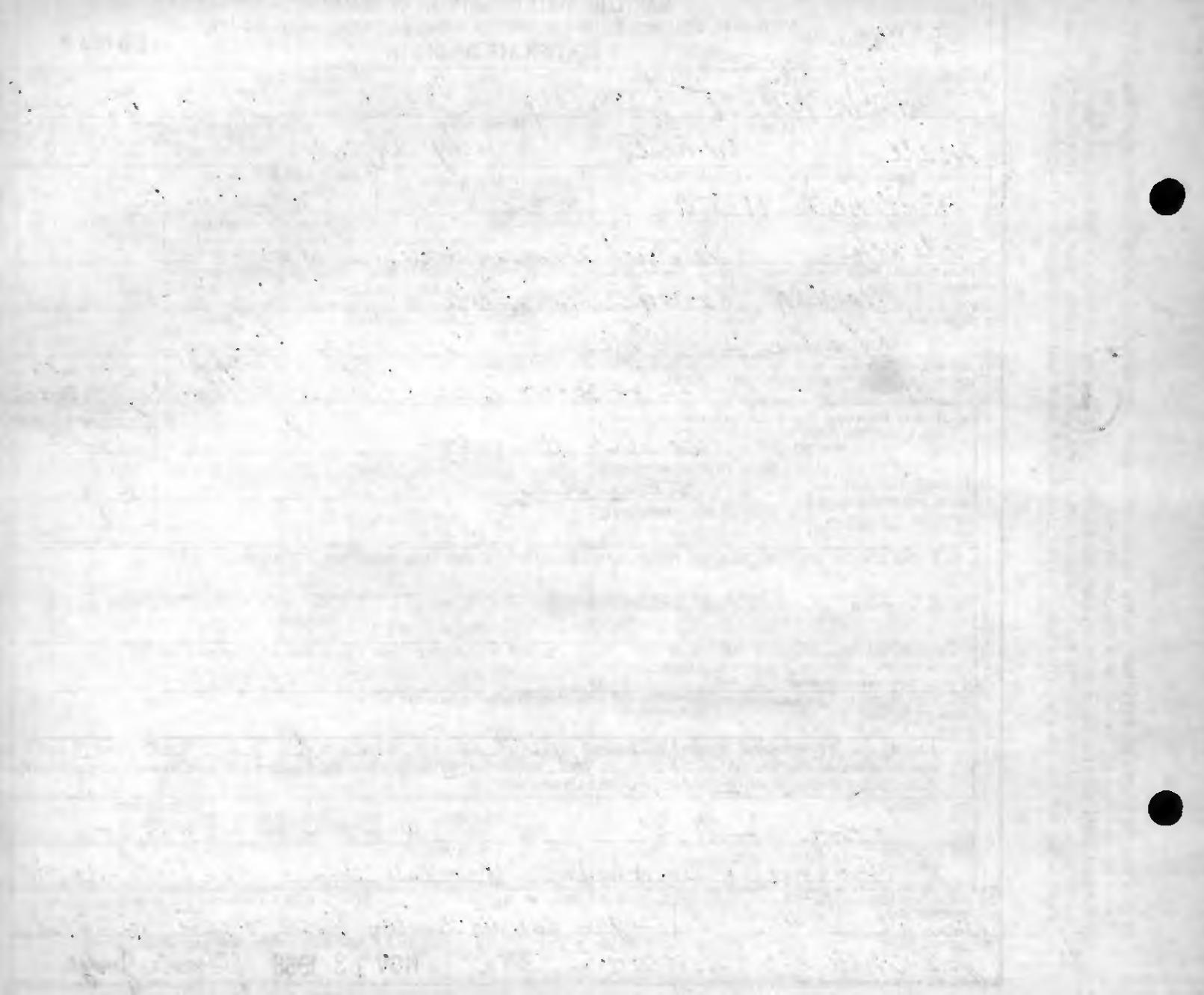
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CERTIFICATE OF DEATH

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1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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1. DECEASED NAME (Type or print)	First	Middle	Lost	2. DATE OF DEATH Month	Day	Year	2b. HOUR P.M.
<i>Dr. Scott Sterling</i>		<i>Oct 8</i>		<i>Nov. 8</i>	<i>8</i>	<i>68</i>	<i>4:15 P.M.</i>
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
<i>Male</i>	<i>White</i>	<i>July 24 1891</i>		<i>77</i>	<i>YRS.</i>		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED		9. COUNTY OF DEATH		10. CITY OR TOWN OF DEATH	
<i>MARYLAND</i>	<i>U.S.A.</i>	<input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED		<i>Frederick Co.</i>		<i>Frederick</i>	
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		12b. KIND OF BUSINESS OR INDUSTRY		13a. CITY OR TOWN	
<i>Frederick Memorial Hospital</i>		<i>farmer</i>				<i>Maryland</i>	
13b. COUNTY		13c. INSIDE CITY LIMITS?		13d. STREET AND NUMBER		14. FATHER'S NAME	
<i>Carroll Co</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>RD # 2</i>		<i>First</i>	
<i>Charles E. Cole</i>		15. MOTHER'S MAIDEN NAME		<i>Emma Beggs</i>		<i>Middle</i>	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address	
<i>No</i>		<i>162-22-8634</i>		<i>Mrs. Lillian J. Barnes</i>		<i>100 Rock Road</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i>							
DUE TO, OR AS A CONSEQUENCE OF							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>arteriosclerosis</i>							
DUE TO, OR AS A CONSEQUENCE OF							
(c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
33a X		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
19c. MEDICAL CERTIFICATION		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. DATE OF OPERATION		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M.		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21e. LOCATION Street or R.F.D. No.		21f. CITY OR TOWN		County State	
21g. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> of work <input checked="" type="checkbox"/>		21h. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)					
22a. I certify that (I) (this hospital) attended the deceased from <i>Oct 10</i> , 1968, to <i>Nov 8</i> , 1968, that (I) (we) last saw the deceased alive on <i>Nov 8</i> , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>George I. Smith Jr.</i>							
22c. DEGREE		ATTENDING PHYS.		MED. DIRECTOR		STAFF PHYS.	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		22f. DATE SIGNED		<i>11/18/68</i>	
<i>George I. Smith Jr.</i>		<i>804 Toll House Ave Frederick, Md.</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL		23d. LOCATION (City or Town) (County) (State)	
<i>Burial</i>		<i>Nov. 16 68</i>		<i>Beggs Family Cemetery Westminster Rd Md.</i>			
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
<i>J. E. Myers Jr. Westminster, Md.</i>				<i>NOV 13 1968</i>		<i>Charles Judge</i>	



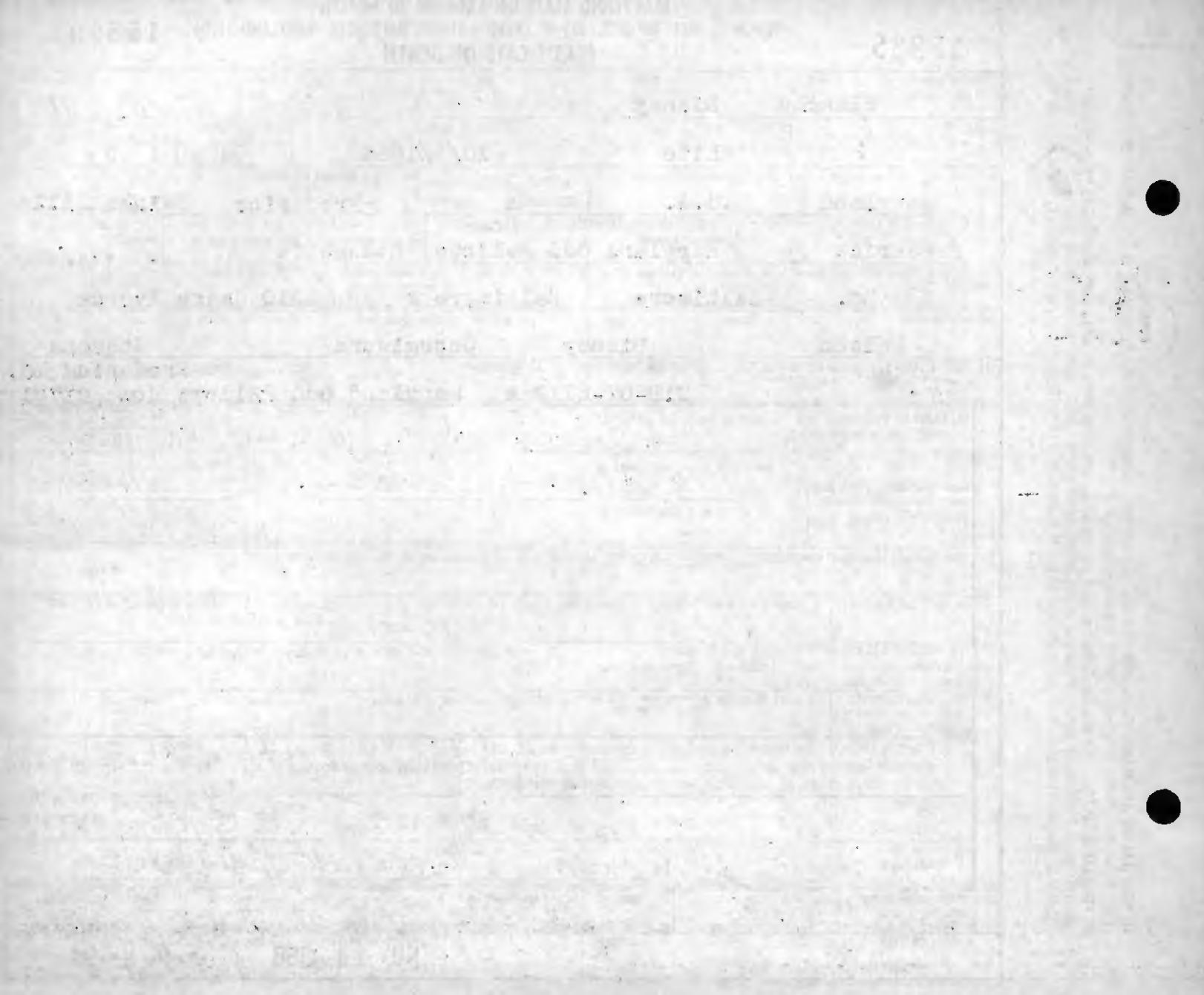
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CERTIFICATE OF DEATH

15899

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH Month	Year	2b. HOUR 150 M			
Blanche Disney			Cooper			Nov	10, 1968				
3. SEX <i>Female</i>		4. RACE White		5. DATE OF BIRTH 10/1/1884		6. AGE (In years last birthday) 84 YRS.		IF UNDER 1 YEAR MONTHS 1	IF UNDER 24 HRS. DAYS 9	IF UNDER 24 HRS. HOURS	MIN
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick		10. BIRTHPLACE (State or foreign country) Maryland			
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not give street address) Maryland Odd Fellows		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY own home					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13c. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 5510 Osage Avenue					
14. FATHER'S NAME First Nelson		Middle	Last	15. MOTHER'S MAIDEN NAME Disney		Georgianna		Middle			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>		16b. SOCIAL SECURITY NO. <i>218-07-5719</i>		17. INFORMANT <i>Maryland Odd Fellows Home 21701</i>		Address Frederick Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>433.9</i>		DUE TO, OR AS A CONSEQUENCE OF (b) <i>Cerebral Arterio - sclerosis</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (c)		10 years.							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>332X</i>											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that (I) (this hospital) attended the deceased from <i>April 25, 1968</i> , to <i>Nov 10, 1968</i> , that (I) (we) last saw the deceased alive on <i>Nov. 10, 1968</i> , and that in (my) <i>four</i> opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <i>Bernard O. Thomas Jr.</i>		22c. DEGREE ATTENDING PHYS.		22d. MED. DIRECTOR		22e. STAFF PHYS.		22f. DATE SIGNED <i>Nov. 10, 1968</i>			
22g. PHYSICIAN'S NAME (Type) <i>Bernard O. Thomas Jr.</i>		22h. ADDRESS <i>Frederick, Maryland</i>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>cremation</i>		23b. DATE <i>11/1/1968</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Pleasant Hill Cemetery</i>		23d. LOCATION (City or Town) <i>Baltimore County, Maryland</i>		(County)		(State)	
24. FUNERAL DIRECTOR <i>Charles Judge</i>		ADDRESS <i>Indoor Inc 1328 Sulphur St pt</i>		25a. REC'D BY REGISTRAR DATE <i>NOV 14 1968</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					



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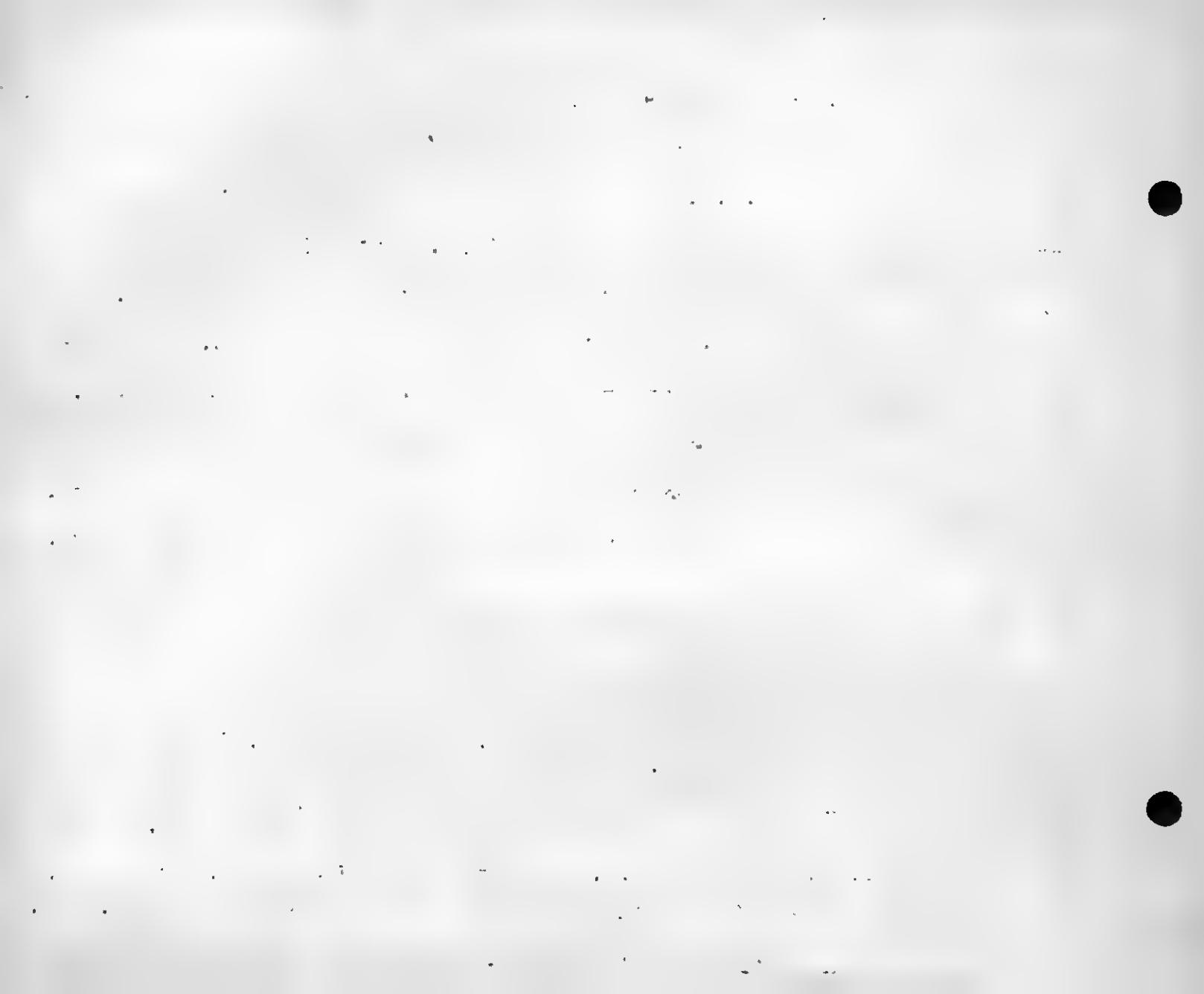
15960

CERTIFICATE OF DEATH

15886				2a. DATE OF DEATH Month Day Year				2b. HOUR P.M.							
1. DECEASED NAME (Type or print)		First CHARLES	Middle NOAH	Last COOPER	5. DATE OF BIRTH 5/31/1909		6. AGE (In years last birthday) 59 YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN						
3. SEX Male		4. RACE White		7. DATE OF BIRTH 5/31/1909		8. MARRIED WIDOWED		9. COUNTY OF DEATH Frederick		10. CITY OR TOWN OF DEATH Brunswick					
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 9 East 'E' St.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Retired		12b. KIND OF BUSINESS OR INDUSTRY		13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland					
13b. COUNTY Frederick		13c. CITY OR TOWN Brunswick		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 9 East 'E' St.		14. FATHER'S NAME Charles H. Cooper		15. MOTHER'S MAIDEN NAME Ellen					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? No, or unknown		16b. SOCIAL SECURITY NO 220-10-5912		17. INFORMANT Ellen A. Cooper, Brunswick, Md.		Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary Thrombosis</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH sudden					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		DUE TO, OR AS A CONSEQUENCE OF (b) <u>Coronary Ischemia</u>		DUE TO, OR AS A CONSEQUENCE OF (c) <u>Congestive Heart Failure</u>		4 yrs.		5 yrs.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		19d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)		21f. LOCATION Street or R.F.D. No		City or Town		County		State					
22a. I certify that (I) (this hospital) attended the deceased from <u>Feb. 1, 1967</u> , to <u>Nov. 5, 1968</u> , that (I) (we) last saw the deceased alive on <u>Nov. 5, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.															
22b. SIGNATURE <u>C. T. Byron Kao, M.D.</u>															
22c. DATE SIGNED <u>Nov. 6, 1968</u>															
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Gum Spring Hollow, Brunswick, Md.		23a. DEGREE ATTENDING PHYS.		23b. MED. DIRECTOR		23c. STAFF PHYS.		23d. LOCATION (City or Town) KNOXVILLE Fred. <u>1</u>					
23e. BURIAL, CREMATION, REMOVAL (Specify) Burial		23f. DATE 11/8/68		23g. NAME OF CEMETERY OR CREMATORIUM Reformed Cemetery		23h. COUNTY		23i. STATE							
24. FUNERAL DIRECTOR Felt Funeral Home		ADDRESS Brunswick, Md.		25a. REC'D BY REGISTRAR DATE NOV 12 1968		25b. REGISTRAR'S SIGNATURE Charles Judge									

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

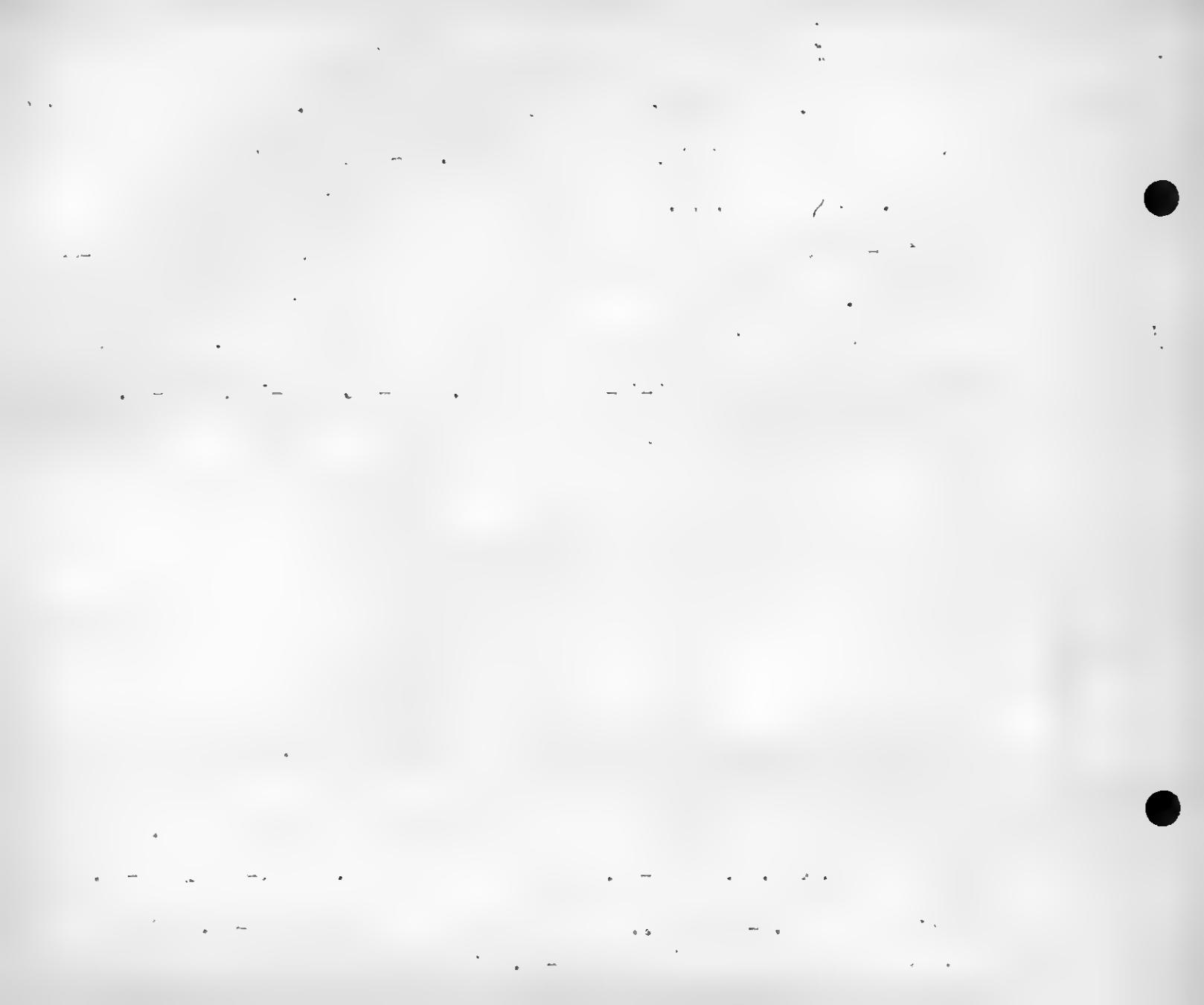
CERTIFICATE OF DEATH

15901

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers pages 1 and 2, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First D.	Middle May	Lost Derr	2a. DATE OF DEATH Month Nov. 30 Day 68 Year 3:00	2b. HOUR a.m. p.m.
3. SEX Female	4. RACE White	5. DATE OF BIRTH Nov. 15-1881		6. AGE (in years last birthday) 87 yrs.	7f. UNDER 1 YEAR MONTHS DAYS HOURS MINS
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Frederick	
10. CITY OR TOWN OF DEATH Frederick-Rural	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Route 8		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Homemaker		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMIT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route 8	
14. FATHER'S NAME First John	Middle Henry	Last Zimmerman	15. MOTHER'S MAIDEN NAME First Ellen	Middle T.	Last Whipp
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <input checked="" type="checkbox"/>	16b. SOCIAL SECURITY NO. 220-34-0925	17. INFORMANT Karl M. Derr- Route 8-Frederick-Md. 21701	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>STROKE</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WEEK		
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.			DUE TO, OR AS A CONSEQUENCE OF (b) <u>ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE</u> ?		
DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>DIABETES MELLITUS</u>					
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED White <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No.	City or Town	County
22a. I certify that (1) this hospital attended the deceased from <u>27 SEP</u> , 19 <u>68</u> , to <u>27 NOV</u> , 19 <u>68</u> , that (1) (we) last saw the deceased alive on <u>27 NOV</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>Geo. I. Smith Jr.</u>		22c. DEGREE A.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS 804 Toll House Ave.-Frederick-Md. 21701			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 3-1968	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery	23d. LOCATION (City or Town) Frederick-Md. 21701	(County) (State)
24. FUNERAL DIRECTOR Elwood T. Whipp ... R. Etchison & Son		ADDRESS Frederick-Md. 21701		25a. REC'D BY REGISTRAR DATE DEC 3 1968	25b. REGISTRAR'S SIGNATURE <u>Charles J. Whipp</u>



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil to Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

5 may be retained for your files.

1 Items 18&22a Film 407 MARYLAND STATE DEPARTMENT OF HEALTH
12-3-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
15888

1590

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print)			First	Middle	Last	2a. DATE KNOWN OF ESTI- MATED DEATH MATED	Month	Day	Year	2b. HOUR	
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (in years last birthday)	7 UNDER YEAR	8 UNDER 24 HRS	11 19	19	68	A M		
Female	N.	9-15-1968	— YRS	MONTHS	DAYS	2	MIN				
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		9. COUNTY OF DEATH		2c. DATE PRONOUNCED DEAD Month Day Year			
Md.		U.S.A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Frederick		11 19 1968 A M			
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDLSTRY		
Frederick			523 Middle Street			None					
13a. USUAL RESIDENCE (Where deceased lived, if admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CTY. IN TSP?		13e. STREET AND NUMBER			
Md.		Frederick		Fred.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		523 Middle Street			
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last
Charles			Harvey	Diggs		Peggy			Christine	Bowens	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO (If yes give war or dates of service)			17. INFORMANT			ADDRESS		
No			None			Charles H. Diggs			523 Middle Street		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4270											
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> lost. (b) <u>Sudden death syndrome</u>											
DUE TO, OR AS A CONSEQUENCE OF (c)											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4341											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No			City or Town	County	State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> ACTUAL SIGNATURE <u>Robert J. Thomas</u> M.D.											
CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) <u>Frederick, Md.</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE	23c. NAME OF CEMETERY OR CREMATORIUM			23d. LOCATION (City or Town)			(County)	(State)
Burial			11-20-68	Fairview			Frederick			Fred.	Md.
24. FUNERAL DIRECTOR			ADDRESS			25a. REC'D BY REGISTRAR DATE			25b. REGISTRAR'S SIGNATURE DATE		
C.F. Hicks, 111 Frederick, Maryland						NOV 21 1968			Robert J. Thomas		



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15963

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print)			First	Middle	Last	2a DATE KNOWN <input checked="" type="checkbox"/> ESTI- DEATH MATED <input type="checkbox"/>	Month	Day	Year	2b HOUR
Darlene NMN Dorsey						11	2	1968	10:00 AM	
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (In years last birthday)	7 IF UNDER 1 YEAR MONTHS	8 IF UNDER 24 HRS DAYS	9b DATE PRONOUNCED DEAD Month	Day	Year	2d HOUR	
F	C	12-16-1962	5 yrs			11	2	1968	3:45 PM	
7a BIRTHPLACE (State or foreign country)		7b CITIZEN OF WHAT COUNTRY?		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9 COUNTY OF DEATH				
Md		U.S.A.				Frederick			Md	
10 CITY OR TOWN OF DEATH			11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)			12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			2b KIND OF BUSINESS OR INDUSTRY	
Bartonsville			Hines Road Rt. 6			None			*****	
13a USUAL RESIDENCE (Where deceased admission) STATE		13b COUNTY		13c CITY OR TOWN		13d INSIDE CITY LIMITS?		13e STREET AND NUMBER		
Md		Frederick		Bartonsville		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Hines Rd Rt. 6		
14 FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last	
Preston			Woodrow	Dorsey		Ella	Josephine	Snowden		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b SOCIAL SECURITY NO			17 INFORMANT			ADDRESS	
No			*****			Ella J. Snowden Myers Rt. 6 Fred. Md				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Suffocation</u> DUE TO, OR AS A CONSEQUENCE OF 9109 Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) <u>Drowning</u> DUE TO, OR AS A CONSEQUENCE OF (c)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 7290										
19a DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY?	
									YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b TIME OF INJURY Month, Day, Year HOUR A.M. 1300 P.M. 11/2 1968			21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b) PLAYING - Fell in cesspool				
21d INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>			21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <u>Home</u>			21f LOCATION Street or R.F.D. No City or Town County State				
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from. Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE EXAMINER'S NAME (Type)			Robert J. Thomas, M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county)			22b DATE SIGNED 11-2-68	
23a BURIAL CREMATION REMOVAL (Specify) Burial			23b DATE 11-5-68			23c NAME OF CEMETERY OR CREMATORIAL Woodsville			23d LOCATION (City or Town) Woodsville (County) Fred. Md (State)	
24. FUNERAL DIRECTOR			ADDRESS C.E. Hicks, 111 Frederick, Md			25a REC'D BY REGISTRAR DATE NOV 6 1968			25b REGISTRAR'S SIGNATURE Charles Judge	



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15890

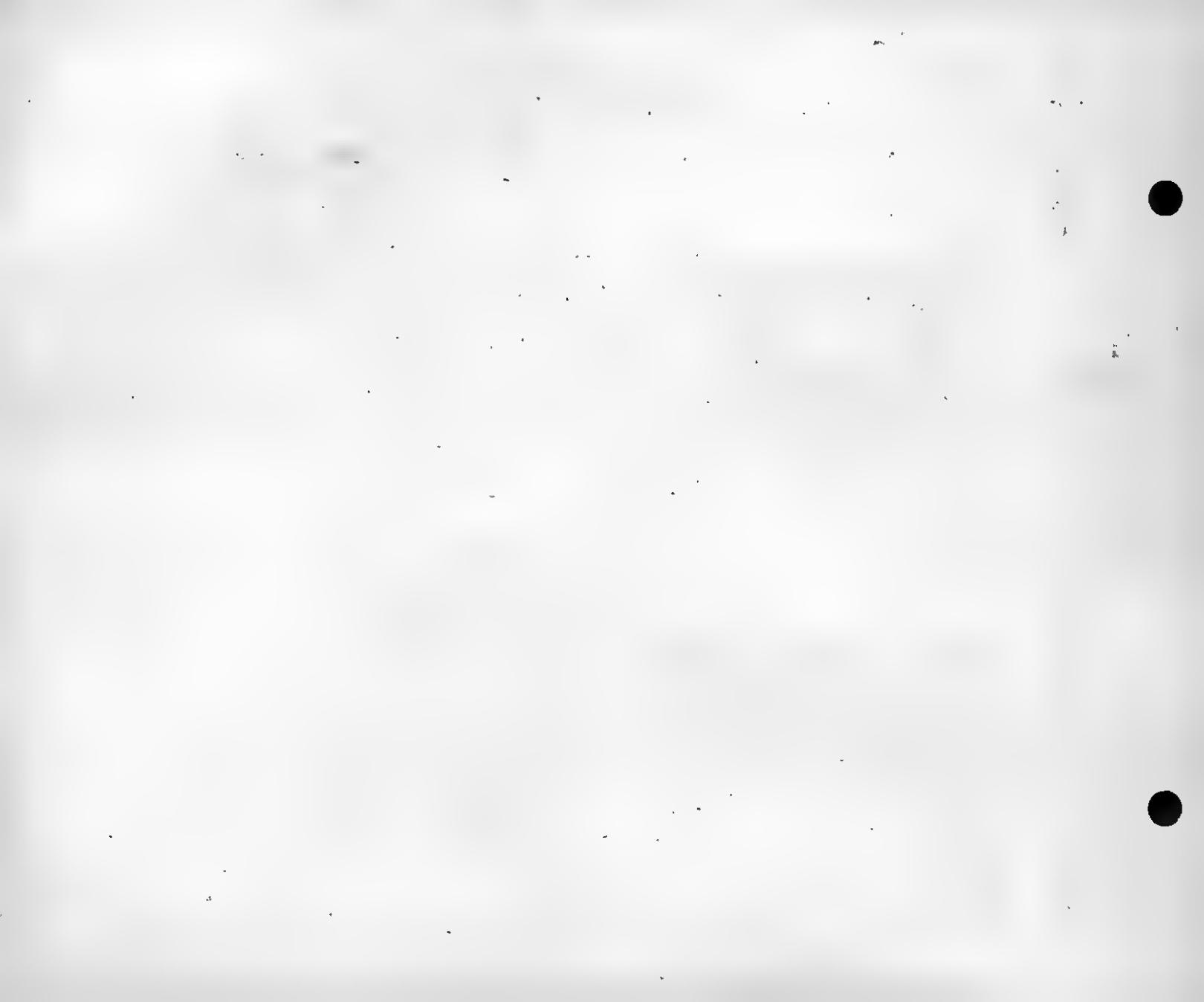
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1596

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

1. DECEASED-NAME (Type or print)	First	Middle	Lost	20. DATE OF DEATH Month	Day	Year	2b. HOUR		
<i>Beatrice May Dutrow</i>				Nov.	15	1968	10 AM		
3. SEX	4. RACE	5. DATE OF BIRTH			6. AGE (In years lost birthday)		7. UNDER 1 YEAR MONTHS	8. UNDER 24 HRS. DAYS	9. COUNTY OF DEATH
Female	White	<i>June 23, 1909</i>			59	YRS.			<i>Frederick</i>
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)					
<i>Maryland</i>	<i>U. S. A.</i>			<i>Housewife</i>					
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12b. KIND OF BUSINESS OR INDUSTRY					
<i>En route to</i>	<i>Fred Memorial Hosp.</i>								
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER					
<i>Maryland</i>		<i>Frederick</i>	<i>No</i>						
14. FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MAID NAME, FIRST	Middle	Lost			
	<i>Harry</i>	<i>R.</i>		<i>Virginia L. Crum</i>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	16b. SOCIAL SECURITY NO	17. INFORMANT	Address						
<i>No</i>	<i>220-18-0047</i>	<i>Mr. Lester G. Dutrow, Keymar Rd., Md</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i>								<i>5-10 minutes</i>	
4310 DUE TO, OR AS A CONSEQUENCE OF (b) <i>Hypertensive Vascular Disease</i>								<i>2 years</i>	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.									
DUE TO, OR AS A CONSEQUENCE OF (c)									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from <i>Nov. 15, 1968</i> , to <i>Nov. 15, 1968</i> , that (I) (we) last saw the deceased alive on <i>Dec. 19</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <i>Henry V. Chase MD</i>									
22c. DATE SIGNED <i>15 Nov 68</i>									
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>804 Toll House Frederick Md.</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>11/17/68</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Mt. Hope Cemetery</i>		23d. LOCATION (City or Town) <i>Woodstock Fred. Md.</i>	(County)	(State)		
24. FUNERAL DIRECTOR		ADDRESS <i>J. C. Barton, Walkersville, Md.</i>			25a. REC'D BY REGISTRAR <i>3</i>	25b. REGISTRAR'S SIGNATURE <i>J. C. Barton</i>			
VR A15(4) 30M REV 1/68					DATE <i>15 Nov 68</i>				

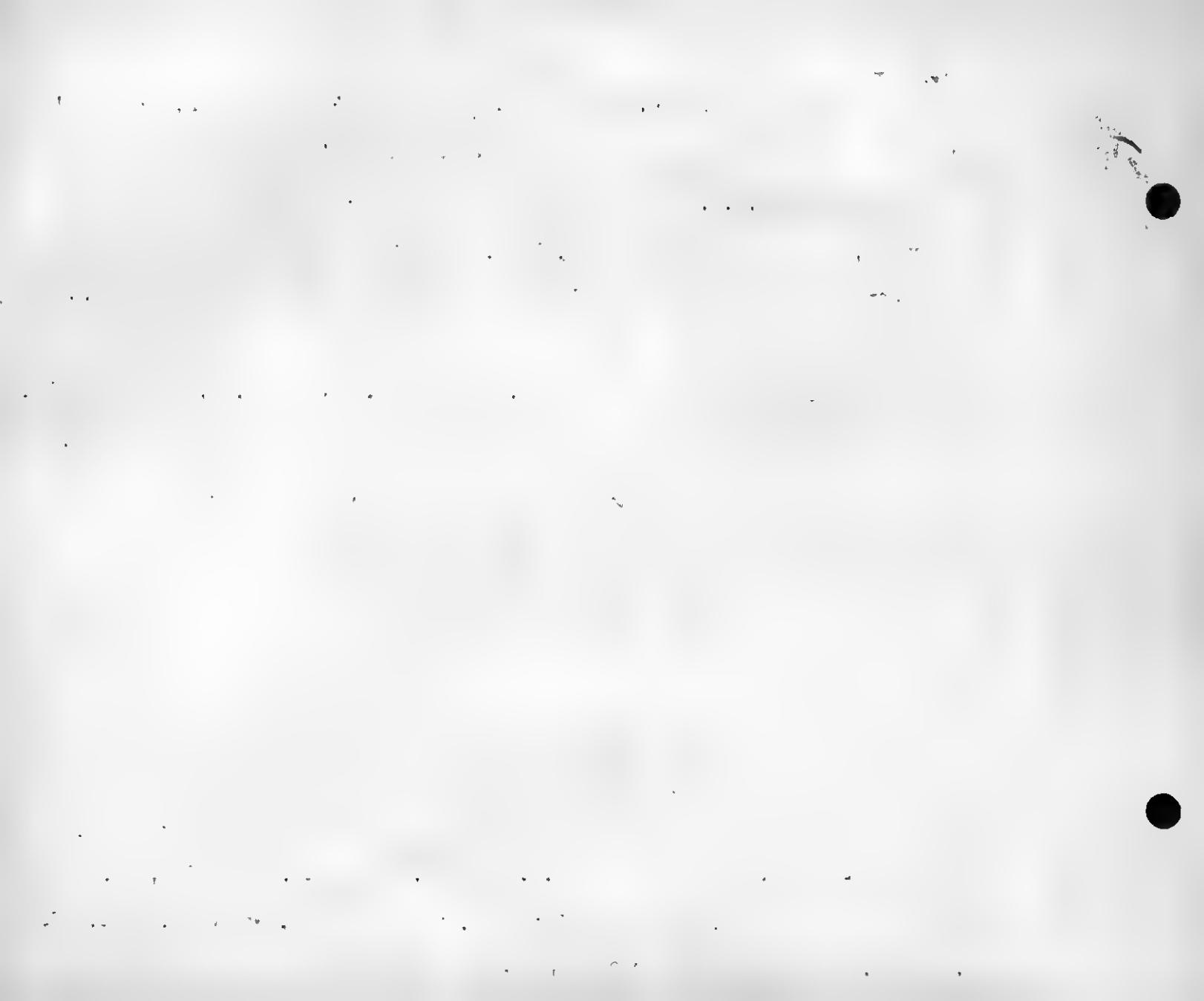


CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, 2, and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First EDNA	Middle GENEVIEVE	Last Eader	2a. DATE OF DEATH November 22, 1968	2b. HOUR 1 pm
3. SEX Female	4. RACE White	5. DATE OF BIRTH January 3, 1905		6. AGE (in years last birthday) 65	F UNDER 1 YEAR MONTHS DAYS HOURS MIN 0 0 0 0
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick	Md	
10. CITY OR TOWN OF DEATH Frederick,	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY None	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Rural	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route # 1, Old Annapolis Rd	
14. FATHER'S NAME First George	Middle Roberts	Last	15. MOTHER'S MAIDEN NAME Minnie	Middle	Last Shook
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 4107	17. INFORMANT Mr. Granison L. Eader	Address Rt. #1, Frederick, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac arrest</i> 4107 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <i>Coronary artery disease, angioplastics 2 weeks -</i> DUE TO, OR AS A CONSEQUENCE OF (c)					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from <i>11/14, 1968</i> , to <i>11/22, 1968</i> , that (I) (we) last saw the deceased alive on <i>11/14, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. <i>Death 1-22-68 11/22/68</i>					
22b. SIGNATURE <i>James B. Thomas</i>		DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>11/22/68</i>
22d. PHYS. CLAN'S NAME (Type) James B. Thomas		22e. ADDRESS 228 N. Market St. Frederick, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-23-1968	23c. NAME OF CEMETERY OR CREMATORIAL Johns Hopkins Med. School	23d. LOCATION (City or Town) 725 N. Wolfe St. Balt. Md.	(County)	(State)
24. FUNERAL DIRECTOR <i>Robert E. Dailey & Son</i>	ADDRESS Frederick, Md.	25a. REC'D BY REGISTRAR NOV 25 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15898 15866

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)				First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR 10 AM		
OTIS PRESTON EARNST							11	16	68			
3. SEX M		4. RACE W		5. DATE OF BIRTH AUG 2 - 1918			6. AGE (In years lost birthday) 50 YRS.		IF UNDER 1 YEAR MONTHS			
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED WIDOWED			9 COUNTY OF DEATH FREDERICK		IF UNDER 24 HRS. DAYS HOURS MIN			
10. CITY OR TOWN OF DEATH UNION BRIDGE RURAL				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) UNION BRIDGE RURAL			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) REPAIRMAN			12b. KIND OF BUSINESS OR INDUSTRY RENTENT CO		
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE MARYLAND				13c. CITY OR TOWN RURAL		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER NONE				
14. FATHER'S NAME CHARLES				15. MOTHER'S MAIDEN NAME EARNST MINNIE			16. SOCIAL SECURITY NO. 217-28-1429			Address IVA EARNST UNION BRIDGE MD		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO				16b. INFORMANT DUE TO, OR AS A CONSEQUENCE OF PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>16x1</i> <i>Bronchiogenic Ca.</i>			17. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 Months					
Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> lost.				(b) <i>16x1</i> DUE TO, OR AS A CONSEQUENCE OF (c)								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)												
MEDICAL CERTIFICATION		19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTR Biting <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.			City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from <u>May 30, 1968</u> to <u>11/16/68</u> , that (I) <u>last</u> saw the deceased alive on <u>11/15/68</u> , and that in <u>(my)</u> <u>last</u> opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) <u>(did not)</u> view the body after death.												
22b. SIGNATURE <i>M.E. Robertson MD</i>		22c. DEGREE DEGREE			ATTENDING PHYS.			<input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		DATE SIGNED 11/16/68		
22d. PHYSICIAN'S NAME (Type) <i>ME ROBERTSON</i>		22e. ADDRESS <i>New Windsor Rd</i>										
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE 11/19/68		23c. NAME OF CEMETERY OR CREMATORIY UNIONTOWN LUTHERAN			23d. LOCATION (City or Town) UNIONTOWN		(County) MD		(State)	
24. FUNERAL DIRECTOR <i>W.H. Hartzler & Sons Union Bridge Md</i>		ADDRESS <i>W.H. Hartzler & Sons Union Bridge Md</i>			25a. REC'D BY REGISTRAR DATE NOV 19 1968			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with n 72 hours after death.

VR A 5 (4)
30M REV 1/68

1. DECEASED NAME (Type or print)		First N.	Middle WILSON	Lost ETZLER	2a DATE OF DEATH Month Nov. 4, 1968 Day Year 12:20	2b. HOUR A			
3. SEX Male		4. RACE White		5. DATE OF BIRTH Aug. 2, 1890		6. AGE (In years last birthday) 78	7. IF UNDER 1 YEAR MONTHS YRS.	8. IF UNDER 24 MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED WIDOWED		9. COUNTY OF DEATH Frederick,			
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Fred. Mem. Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Custodian		12b. KIND OF BUSINESS OR INDUSTRY Bank & Church			
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE Maryland		13b. COUNTY Carroll		13c. CITY OR TOWN Mt. Airy		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 206 Center Street	
14. FATHER'S NAME Charles		First E.	Middle Etzler	Lost	15. MOTHER'S MAIDEN NAME Annie		Middle Lindsay	Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, (unknown) No		16b. SOCIAL SECURITY NO 215-03-0392		17. INFORMANT Mrs. Bessie C. Etzler		Address Same As #13			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))</p> <p>PART 1. DEATH WAS CAUSED BY.</p> <p>IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> APPROXIMATE INTERVAL Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost</p> <p>(b) <u>Bronchitis & Bronchopneumonia</u></p> <p>(c) <u>Pulmonary Sphyngeoma & Fibrosis</u></p>									
<p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p> <p>6-2</p>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? <u>Yes</u>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>10-18</u> , 19 <u>68</u> , to <u>11-4</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>10-3</u> , 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									22c. DATE SIGNED <u>NOV. 4, 1968</u>
22b. SIGNATURE <u>A. Pearce, Jr.</u>		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR		<input type="checkbox"/> STAFF PHYS.				
22d. PHYSICIAN'S NAME (Type) <u>A.A. PEARCE, JR. M.D.</u>		22e. ADDRESS							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE 11/6/1968		23c. NAME OF CEMETERY OR CREMATORIAL Pine Grove		23d. LOCATION (City or Town) Mt. Airy, Carroll, Md.		(County) (State)	
24. FUNERAL DIRECTOR <u>C. M. Waltz, Box 241, Sykesville, Md.</u>		ADDRESS		25a. REC'D. BY REGISTRAR DATE <u>NOV 6 1968</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15894

CERTIFICATE OF DEATH

1596

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers and 2 director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Annie	Middle M.	Last Fisher	2a. DATE OF DEATH Nov. 15 Month 15 Day 68 Year	2b. HOUR 1:45 A.M.		
3. SEX Female		4. RACE White		S. DATE OF BIRTH June 10, 1913	6. AGE (in years last birthday) 55 YRS.			
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick			
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland		13b. COUNTY Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER Linganore Rd. R.D.10	12b. KIND OF BUSINESS OR INDUSTRY Home		
14. FATHER'S NAME William		Middle G.	Last Ropp	15. MOTHER'S MAIDEN NAME Catherine	Middle M.	Last Summers		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. 213-16-0999		17. INFORMANT Ulysses L. Fisher	Address Linganore Rd. Frederick, Md. R.D.10			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple cerebral emboli APPROXIMATE INTERVAL (in hours) BETWEEN ONSET AND DEATH 72 hours. DUE TO, OR AS A CONSEQUENCE OF (b) Acute bacterial endocarditis 72 hours. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. 19 P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 19		21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State
22a. I certify that (I) (this hospital) attended the deceased from July 1962 to Nov 15 1968 , that (I) (we) last saw the deceased alive on Nov 15 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.		22b. SIGNATURE Le Roy T. Davis		DEGREE Le Roy T. Davis	ATTENDING PHYS. Le Roy T. Davis	<input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 11/15/68	
22d. PHYSICIAN'S NAME (Type) Le Roy T. Davis		22e. ADDRESS Professional Building			23d. LOCATION (City or Town) Fred. Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 18, 1968	23c. NAME OF CEMETERY OR CREMATORIAL PARK Fred. Memorial Park		23d. LOCATION (City or Town) Fred. Md.			
24. FUNERAL DIRECTOR Gladhill Co.		ADDRESS 31 E. Main Middletown	25a. REC'D BY REG. STRAR NOV 20 1968		25b. REGISTRAR'S SIGNATURE Le Roy T. Davis			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15895

15895

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1. DECEASED-NAME (Type or print)			First YINTON EVERETT	Middle FOGLE	Lost	2a. DATE OF DEATH Month NOV. 23	2b. HOUR Year 1968				
3. SEX M		4 RACE W	5. DATE OF BIRTH FEB 24- 1882		6. AGE (In years last birthday) 86	7. IF UNDER 1 YEAR MONTHS DAYS		8. IF UNDER 24 HRS. HOURS M.N.			
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		9. COUNTY OF DEATH FREDERICK						
10. CITY OR TOWN OF DEATH BRADDOCK HEIGHTS			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) VINODORSKA NURSING HOME		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) STONE & BRICK		12b. KIND OF BUSINESS OR INDUSTRY MASON				
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE MARYLAND			13b. CITY OR TOWN FREDERICK	13c. COUNTY LIBERTYTOWN	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER MAIN ST.					
14. FATHER'S NAME First JOHN			Middle C	Last FOGLE	15. MOTHER'S MAIDEN NAME First RACHAEL	Middle LONG					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO			16b. SOCIAL SECURITY NO (If yes give war or dates of service)		17. INFORMANT MARJORIE WOLF		152 HAMILTON AVE YORK - PA				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY.			IMMEDIATE CAUSE (a) Brachopneumonia		DUE TO, OR AS A CONSEQUENCE OF 410-7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 week				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause None			(b) Cystic Fibrosis		DUE TO, OR AS A CONSEQUENCE OF 3 years						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, not by medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State		
22a. I certify that (I) (this hospital) attended the deceased from Sept 17, 1966 , to Nov 22, 1968 , that (I) (we) last saw the deceased alive on Nov 22, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE Thomas E. Stone		22c. DEGREE ATTENDING PHYS.		22d. MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22e. DATE SIGNED 11-23-68					
22d. PHYSICIAN'S NAME (Type) Thomas STONE		22e. ADDRESS Frederick MD									
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV 25-1968		23c. NAME OF CEMETERY OR CREMATORIUM LINGANORE		23d. LOCATION (City or Town) UNIONVILLE		(County) MD			
24. FUNERAL DIRECTOR D. Hartzler		ADDRESS Libertytown MD		25a. REC'D BY REGISTRAR NOV 26 1968		25b. REGISTRAR'S SIGNATURE Clarence J. Price					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

159-0

15896

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filed in burial permit (page 3) and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First CLARA	Middle KAUFMAN	Last GRABLE	2a. DATE OF DEATH Month Nov.	2b. HOUR Year 1, 68
3. SEX Female	4. RACE White	5. DATE OF BIRTH Sept. 25, 1896		6. AGE (In years lost birthday) 72	IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Pennsylvania	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick		
10. CITY OR TOWN OF DEATH Lewistown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Own Home		12a. USUA. OCCUPATION (Kind of work done during most of working life, even if retired.) House Wife		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Lewistown	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER x	12b. KIND OF BUSINESS OR INDUSTRY Own Home
14. FATHER'S NAME First Jacob	Middle Kaufman	Last Elizabeth	15. MOTHER'S M AIDEN NAME First Elizabeth	Middle Starner	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO (If yes give no. or dates of service) 220-16-0233	17. INFORMANT George D. Grable	Address Lewistown, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial failure			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hour		
DUE TO, OR AS A CONSEQUENCE OF (b) arteriosclerotic c.v disease several years					
DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes Mellitus					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from None , 19 67 , to Nov 1, 1968 , that (I) (we) last saw the deceased alive on Oct 26, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) <input type="checkbox"/> (we) <input type="checkbox"/> (did) <input type="checkbox"/> (did not) view the body after death.					
22b. SIGNATURE W. R. Cadle, M.D.		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED Nov 2 1968
22d. PHYSICIAN'S NAME (Type) W. R. Cadle		22e. ADDRESS Emmitsburg Md			

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 5, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Rest Haven Memorial Gardens	23d. LOCATION (City or Town) Frederick Rd. Fred. Md	(County) Frederick	(State) Md
24. FUNERAL DIRECTOR Raymond E. Greager	ADDRESS Thurmont, Md	25a. REC'D BY REGISTRAR NOV 6 1968	25b. REGISTRAR'S SIGNATURE Charles Judge		
30M REV 1/68					

CERTIFICATE OF DEATH

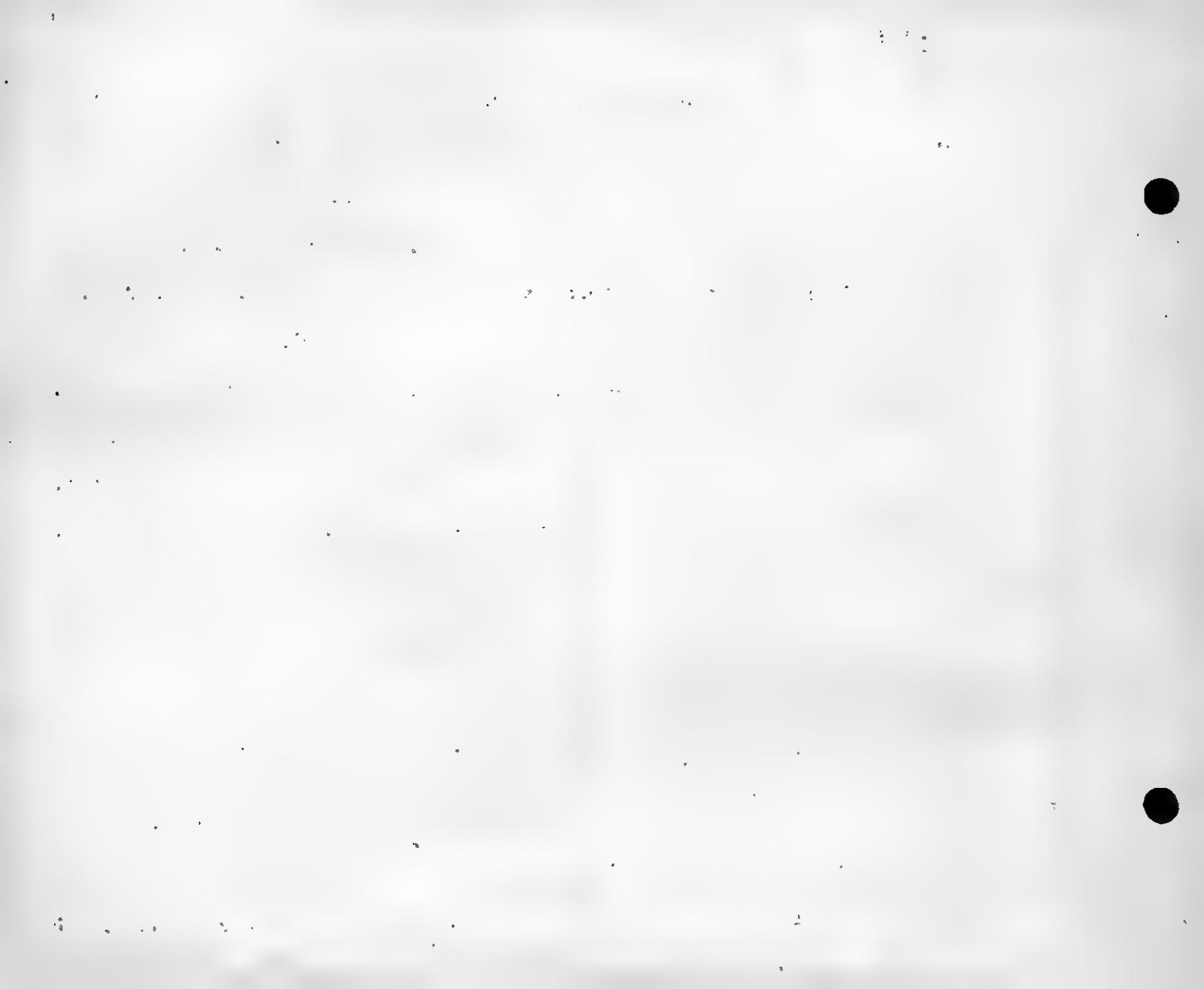
1591

15897

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be submitted within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Marie	Middle atrice	Last Harrington	2a. DATE OF DEATH Month II	2b. HOUR 10 M
3. SEX Female	4. RACE White	5. DATE OF BIRTH 1/14/1908		6. AGE (In years last birthday) 80	7. IF UNDER 1 YEAR MONTHS YRS
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? S.A.	8. MARRIED WIDOWED	9. NEVER MARRIED DIVORCED	10. COUNTY OF DEATH Frederick	
10. CITY OR TOWN OF DEATH Brunswick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 807 N. Maple Ave.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired Merchant		12b. KIND OF BUSINESS OR INDUSTRY Grocery
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Brunswick	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 607 N. Maple Ave.	
14. FATHER'S NAME George	First W.	Middle Harrington	Last Gertrude	Middle Keller	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no	16b. SOCIAL SECURITY NO. P13-01-7118	17. INFORMANT Charles T. Harrington, Brunswick, Md.	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> 492x DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden		
(b) <u>Cor Pulmonale</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Obstructive Pulmonary Emphysema</u>			2 yrs. 30 yrs.		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic Spasmodic Asthma					
19a. DATE OF OPERATION 5/21/68	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If either, notify medical examiner		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While <input type="checkbox"/> not while <input type="checkbox"/> at work <input type="checkbox"/> or <input type="checkbox"/> of work		21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City or Town	County
22a. I certify that (I) (the hospital) attended the deceased from <u>Mar. 30, 1968</u> , to <u>Nov. 21, 1968</u> , that (I) (we) last saw the deceased alive on <u>NOV. 21, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death					
22b. SIGNATURE 		22c. DATE SIGNED Nov. 25, 1968			
22d. PHYSICIAN'S NAME (Type) C. T. Byron Kao, M.D.		22e. ADDRESS Gum Spring Hollow Brunswick, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/25/68	23c. NAME OF CEMETERY OR CEMETORY Park Heights Cemetery	23d. LOCATION (City or Town) Brunswick	(County) Frederick	(State) Md.
24. FUNERAL DIRECTOR Feste Funeral Home	ADDRESS Brunswick, Maryland	25a. REC'D BY REGISTRAR NOV 27 1968	25b. REGISTRAR'S SIGNATURE Charles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
15898 CERTIFICATE OF DEATH 1391

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers page 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First	Middle	Last	20. DATE OF DEATH Month	2b. HOUR 40 87 AM
XXXXXX Dawn Renee			HARRIS	11	17
3. SEX	4. RACE	5. DATE OF BIRTH 11-16-68 @ 9:55 PM		6. AGE (In years last birthday) — yrs	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN 10 25
FEMALE	WHITE				
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH	
MARYLAND	U.S.A.			FREDERICK	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
FREDERICK	FREDERICK Memorial				
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER	
Maryland	Frederick	Frederick	X	17 E. 2nd St.	
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First Middle last
GEORGE	W.	HARRIS	Jr.	SHEILA	DIANE
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address 17 E. 2nd St.		
		George W. Harris, Jr. Frederick, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Disease</u> APPROXIMATE INTERVAL DUE TO, OR AS A CONSEQUENCE OF <u>few hours</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Respiratory Disease of the Newborn</u> DUE TO, OR AS A CONSEQUENCE OF <u>few hours</u> (c)					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 773.					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year PM 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from 11-16-68, 1968, to 11-17, 1968, that (I) (we) last saw the deceased alive on 11-17 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>W. Riddick</u>	DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11-18-68
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS Frdk. Medcl. Centr., Frederick, Md.				
Dr. Willis Riddick					
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/19/68	23c. NAME OF CEMETERY OR CEMETORY Reformed Cemetery	23d. LOCATION (City or Town) Middletown, Frdck., Md.	(County)	(State)
burial					
24. FUNERAL DIRECTOR	ADDRESS		25a. REC'D BY REGISTRAR DAT NO: 20 1968	25b. REGISTRAR'S SIGNATURE Charles Judge	
	XXXXXX Gladhill Co., Middletown, Md.				



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

1 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be signed within 24 hours after death.

2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	Title <i>Rozetta</i>		Middle <i>V.</i>	Sex <i>Female</i>	4 RACE <i>White</i>	5. DATE OF BIRTH <i>April 26/1876</i>	6. AGE (in years at birthday) <i>92</i>	20. DATE OF DEATH Month <i>11</i>	21. DAY <i>26</i>	22. YEAR <i>1968</i>	2b. HOUR <i>104</i>	
7a. BIRTHPLACE (State or foreign country) <i>1st Va.</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	8. MARRIED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	WIDOWED <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <i>Frederick</i>	11. AGE UNDER 1 YEAR MONTHS <i>0</i>					
10. CITY OR TOWN OF DEATH <i>Bethel Heights</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Frederick Hospital</i>			12a. USUAL OCCUPATION (Kind of work done during most working life, if retired.) <i>Homemaker</i>			12b. KIND OF BUSINESS OR INDUSTRY <i>None</i>				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Maryland</i>		13c. CITY OR TOWN <i>Frederick</i>		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13e. STREET AND NUMBER <i>10 East 1st Street</i>						
14. FATHER'S NAME First <i>Leonard</i>	Middle <i>Harsh</i>	15. MOTHER'S MAIDEN NAME First <i>Katrina</i>	Middle <i>Vannoy</i>									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>	16b. SOCIAL SECURITY NO (If yes give war or dates of service) <i>WA-21-8010</i>	17. INFORMANT <i>Mrs. Villa Joy- Brunswick, Maryland</i>			Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxiation</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Pulmonary Hemorrhage</i> <i>5 min</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>Advanced arteriosclerosis</i> <i>10 yrs</i>												
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <i>19</i>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22a. I certify that (I) (this hospital) attended the deceased from <i>June 1966</i> to <i>11/26/1968</i> , that (I) (we) last saw the deceased alive on <i>11/24/1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE <i>A. T. Brie</i>		22c. DEGREE ATTENDING PHYS.		<input checked="" type="checkbox"/> MED. DIRECTOR		<input type="checkbox"/> STAFF PHYS.		22d. DATE SIGNED <i>11/26/68</i>				
22d. PHYSICIAN'S NAME (Type) <i>A. T. Brie</i>		22e. ADDRESS <i>Jefferson MD</i>										
23a. BURIAL, CREMATION, REMAINTERS (Specify)	23b. DATE <i>11/27/68</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Park Heights Cemetery</i>		23d. LOCATION (City or Town) <i>Brunswick</i>		(County) <i>Fred.</i>		(State) <i>Md.</i>				
24. FUNERAL DIRECTOR <i>Feeler Funeral Home</i>		ADDRESS <i>Brunswick, Md.</i>		25a. REC'D BY REGISTRAR DATE <i>DEC 2 1968</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>						



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1591

15900

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, pages 1 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH Month	2b. HOUR Year
William Ivan Harshman				Nov. 20	1968 8PM
3. SEX	4 RACE	5 DATE OF BIRTH		6. AGE (In years last birthday)	16. UNDER 1 YEAR MONTHS DAYS HOURS MIN.
Male	White	Aug 10 1902		66 yrs.	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	B MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick	
Fred. Co. Md.	U.S.A.				
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or nursing home, give street address) Frederick Memorial			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired Farmer	
13a. USUAL RESIDENCE (Where deceased admitted)	lived, if in institution, Residence before admission		13c. CITY OR TOWN Nr. Frederick	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER Rock Creek Drive
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First
	William	E.	Harshman	Margaret	Ellen
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	16b. SOCIAL SECURITY NO	17. INFORMANT		Address	
no		Mrs. W. I. Harshman, Frederick, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) acute coronary thrombosis 4109 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 4201 (b) atherosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF (c)					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pulmonary emphysema and Chronic Bronchitis					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) 19			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC)	21f. LOCATION Street or RFD No	City or Town	County	State
22a. I certify that (1) (this hospital) attended the deceased from Nov. 19, 1968, to Nov. 20, 1968, that (1) (we) last saw the deceased alive on Nov. 20, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death					
22b. SIGNATURE Henry V. Chase	22c. DEGREE MD	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	22d. DATE SIGNED Nov. 20, 1968
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS 804 Toll House Ave Frederick Md				
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Nov. 23, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Grossnickle's	23d. LOCATION (City or Town) Mr. Myersville, Fred. Co. Md.	(County)	(State)
24. FUNERAL DIRECTOR Paul E. Bittle	ADDRESS Paul E. Bittle, Myersville, Md.	25a. REC'D BY REGISTRAR NOV 26 1968	25b. REGISTRAR'S SIGNATURE Charles Judge		



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. In any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 12a, Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

15501 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1591

1 DECEASED NAME (Type or Print)	First	Middle	Last	2a DATE KNOWN OF ESTI- MATED	Month	Day	Year	2b HOUR
Catherine Arianna Hill				<input checked="" type="checkbox"/>	11	24	19 8	5 p.m.
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (in years last birthday)	7. IF UNDER 1 YEAR MONTHS	8. IF UNDER 24 HRS DAYS	9. HOURS	10. MIN	2d HOUR
Female	Negro	1-13-1908	60 yrs					
7a BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> D VORCED <input type="checkbox"/>				9. COUNTY OF DEATH		
Md	U.S.A.					Frederick		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a USJAL OCC. PATION (Kind of work done during most of working life, even if retired)			12b KIND OF BUSINESS OR IND. STRY
Mr Mt. Pleasant	HGWy Rt 26, Mt. Pleasant Domestic							*****
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER				
Md	Frederick	Mt. Pleasant	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Rte 26 Mt. Pleasant				
14 FATHER'S NAME	First	Middle	Last	15 MOTHER'S MAIDEN NAME	First	Middle	Last	
Charles Agustus Hill				Katie Mae Smith				
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b SOCIAL SECURITY NO	17 INFORMANT	ADDRESS					
No	215-26-2049	Frances Addison	Mt. Pleasant, Md					
18 CAUSE OF DEATH (Enter on 1 line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Broken Neck, Crushed Chest, Lacerated</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>5/14/68</i> Due to, or as a consequence of Heart, Lung, Liver (b) <i>Heart, Lung, Liver</i> Due to, or as a consequence of (c) <i>Heart, Lung, Liver</i>								
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
20. MEDICAL CERTIFICATION		19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. <i>5:20 P.M.</i> 11-24 1968	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) <i>Pedestrian hit by motor vehicle</i>					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <i>Rte 26, Mt. Pleasant - Frederick - Md.</i>	21f. LOCATION Street or RFD No City or Town County State						
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE <i>Robert J. Thomas</i>		M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>	22b. DATE SIGNED <i>Nov. 24 1968</i>	
EXAMINER'S NAME (Type)						ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
ADDRESS (Street, city, town, or county) <i>Frederick, Md</i>								
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL				23d. LOCATION (City or Town) (County) (State)		
Burial	11-27-68	Fairview				Frederick	Fred. Md	
24. FUNERAL DIRECTOR	ADDRESS				25a. REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE		
C.E. Hicks, 111 Frederick, Md					NOV 29 1968	<i>Charles Judge</i>		



15908

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15916

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR 6:30 AM		
MEREL MONROE HILL									
3. SEX Male		4. RACE Negro		5. DATE OF BIRTH Aug. 8-1904		6. AGE (In years last birthday) 64 yrs.			
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDWED <input type="checkbox"/> DIVDRCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick			
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 82 Carver aptz.				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if ret red) Bell Captain		12b. KIND OF BUSINESS OR IND.STRY Hotel	
13a. USUAL RESIDENCE (Where deceased lived if institut on admission) Maryland		13b. COUNTY Frederick		13c. CITY OR TOWN Frederick		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER 82 Carver aptz.	
14. FATHER'S NAME Thomas Monroe Hill				15. MOTHER'S MAIDEN NAME Elizabeth NMN Tyler					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown		16b. SOCIAL SECURITY NO. None		17. INFORMANT 217-10-5064 Gussie Hill- 82 Carver Apts. Fred. MD		Address			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))</p> <p>PART 1. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH instant</p> <p>DUE TO, OR AS A CONSEQUENCE OF</p> <p>Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause</u> last.</p> <p>(b) <u>arteriosclerotic heart Disease</u> 2 years</p> <p>DUE TO, OR AS A CONSEQUENCE OF</p> <p>(c)</p>									
<p>PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p> <p>19a. DATE OF OPERATION</p> <p>19b. CONDITION FOR WHICH OPERATION WAS PERFORMED</p> <p>20a. AUTO PSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?</p>									
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State	
<p>22a. I certify that (I) (this hospital) attended the deceased from <u>1-29</u>, 19<u>68</u>, to <u>0-4-29</u>, 19<u>68</u>, that (I) (we) last saw the deceased alive on <u>1-29</u> 19<u>68</u>, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.</p>									
22b. SIGNATURE <u>Thomas E. Stone</u>		22c. DEGREE ATTENDING PHYS.		22d. MED. DIRECTOR <input checked="" type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22e. DATE SIGNED 11-20-68	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS 4 West 3rd St. Frederick, Md.							
23a. BURIAL, CREMATION, REMOVAL (Check)		23b. DATE Nov. 21-68		23c. NAME OF CEMETERY OR CREMATORIUM Fairview Cemetery		23d. LOCATION (City or Town) Frederick, Maryland		(County) (State)	
24. FUNERAL DIRECTOR C.E. Hicks III		ADDRESS Frederick, Maryland		25a. DATE NOV 21 1968		25b. REGISTRAR'S SIGNATURE <u>George</u>			

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1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$ 2. $\frac{1}{3} \times \frac{1}{3} = \frac{1}{9}$ 3. $\frac{1}{4} \times \frac{1}{4} = \frac{1}{16}$ 4. $\frac{1}{5} \times \frac{1}{5} = \frac{1}{25}$

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A. H. G. T.

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1. $\sum_{i=1}^n a_i^2 \geq 0$ (positive definite)

LITERATURE 3

1. $\frac{1}{2} \pi \approx 1.57$ (approximate value)

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2. *On the other hand, the author's argument is not based on the assumption that the* *two* *types of* *models* *are* *equally* *useful* *in* *all* *situations*.

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T E C H N I C

172 *Journal of Health Politics, Policy and Law*

$$= \Gamma_0 + r_0$$

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ~~mailed~~ within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)			First	Middle	Last	2. DATE OF DEATH			2b. HOUR			
Esther Mary Holstine						Month	Day	Year	3 a.m.			
3. SEX		4. RACE		5. DATE OF BIRTH			6. AGE (in years last birthday)		IF UNDER 14 HRS. MONTHS DAYS HOURS MIN			
Female		White		December 14, 1908			67 yrs.					
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH					
Mississippi		U.S.A.					Frederick,					
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY			
Frederick			Frederick Memorial Hosp.			Homemaker			None			
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE			13c. CITY OR TOWN			13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER			Md.	
Maryland			Frederick			Frederick		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Route # 7 West Hills		
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last	
Elmer				Bonney		Margaret				McInerney		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)			16b. SOCIAL SECURITY NO			17. INFORMANT			Address			
No			?			Mrs. Rita H. Hooton Rt. # 7, Frederick, Md.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease - acute</i> DUE TO, OR AS A CONSEQUENCE OF <i>myocardial infarct</i> Approximate interval between onset and death <i>2 days</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c)												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) <i>4200</i>												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M.		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)								
21d. INJRY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22a. I certify that (I) (this hospital) attended the deceased from <i>1960</i> , to <i>11-7-1968</i> , that (I) (we) last saw the deceased alive on <i>Jan 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE <i>Rex R. Martin</i>			DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <i>11-9-1968</i>					
22d. PHYSICIAN'S NAME (Type) <i>Rex R. Martin</i>			22e. ADDRESS <i>7220 North Market St. Fred. Md.</i>									
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIUM <i>Eglon Cemetery</i>			23d. LOCATION (City or Town) <i>Eglon, West Virginia</i>		(County)		(State)	
Removal-Burial		11-12-1968										
24. FUNERAL DIRECTOR <i>Robert E. Dailey & Son</i>		ADDRESS <i>Frederick, Maryland</i>			25a. REC'D BY REGISTRAR <i>NOV 12 1968</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					

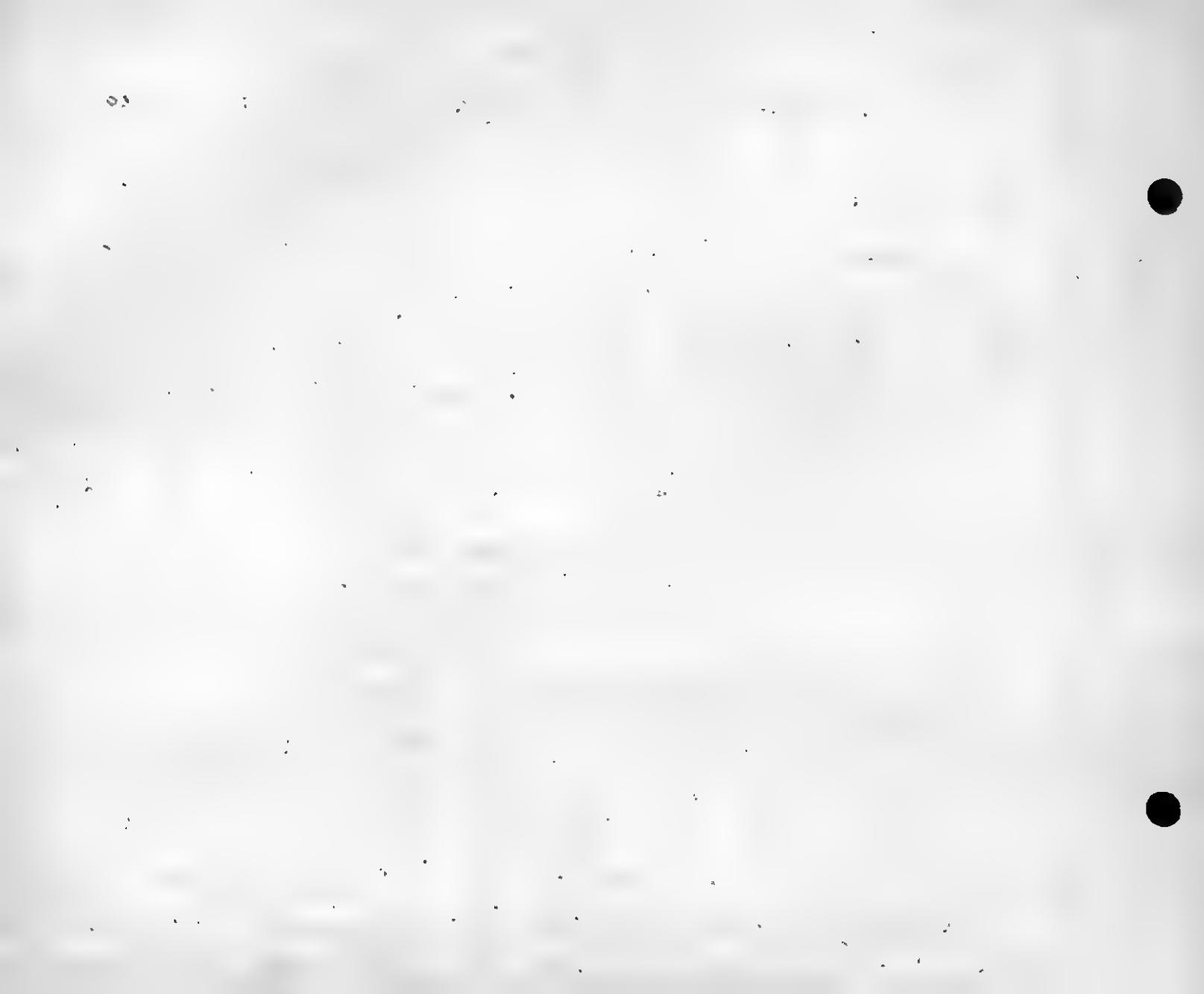


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be returned by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 4 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH			2b. HOUR			
WALSTON HOWARD INGRAM						Month	Day	Year	11	5	PM	
3. SEX		4. RACE	5. DATE OF BIRTH			6. AGE (In years lost birthday)			IF UNDER 24 HRS.			
M		COLORED	7-4-47			71 YRS.			MONTHS	DAYS	HOURS	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED		NEVER MARRIED	<input type="checkbox"/>	9. COUNTY OF DEATH			
NEW JERSEY USA					WIDOWED		DIVORCED	<input type="checkbox"/>	FREDERICK Co.			
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY				
FREDERICK		FREDERICK Mem. Hospital			RETIRED MAIL CARRIER GOVT.							
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE		Residence before admission) COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER					
MD		FREDERICK		LIBERTY TOWN	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>						
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last		
		UNKNOWN			JOSEPH INGRAM			RD1	ADAMSTOWN	M		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown		16b. SOCIAL SECURITY NO.			17. INFORMANT			Address				
YES WWII		214-14-6088			Joseph INGRAM			ADAMSTOWN M				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)). PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)		Congestive Heart Failure						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
4		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4341			Bronchopneumonia, Bilateral			6 months				
(b)												
(c)								7 days				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
Pulm. Emphysema; Chr. Pyelonephritis; Arterioscl. (S.D.)												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Yes					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.			City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from 3 Nov, 1968, to 5 Nov, 1968, that (I) (we) lost sow the deceased alive on 5 Nov 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE James E. Stoner Jr. MD		22c. DEGREE ATTENDING PHYS.			<input checked="" type="checkbox"/> MED DIRECTOR		<input type="checkbox"/> STAFF PHYS		DATE SIGNED 11/7/68			
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS			WALICERSVILLE, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CEMETORY			23d. LOCATION (City or Town)		(County)	(State)		
Burial 11/9/68		Wesley Cemetery		LIBERTY TOWN FRED MD								
24. FUNERAL DIRECTOR		ADDRESS			25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE					
D. W. Fletcher Jr. LIBERTY TOWN					NOV 12 1968		Charles Judge					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

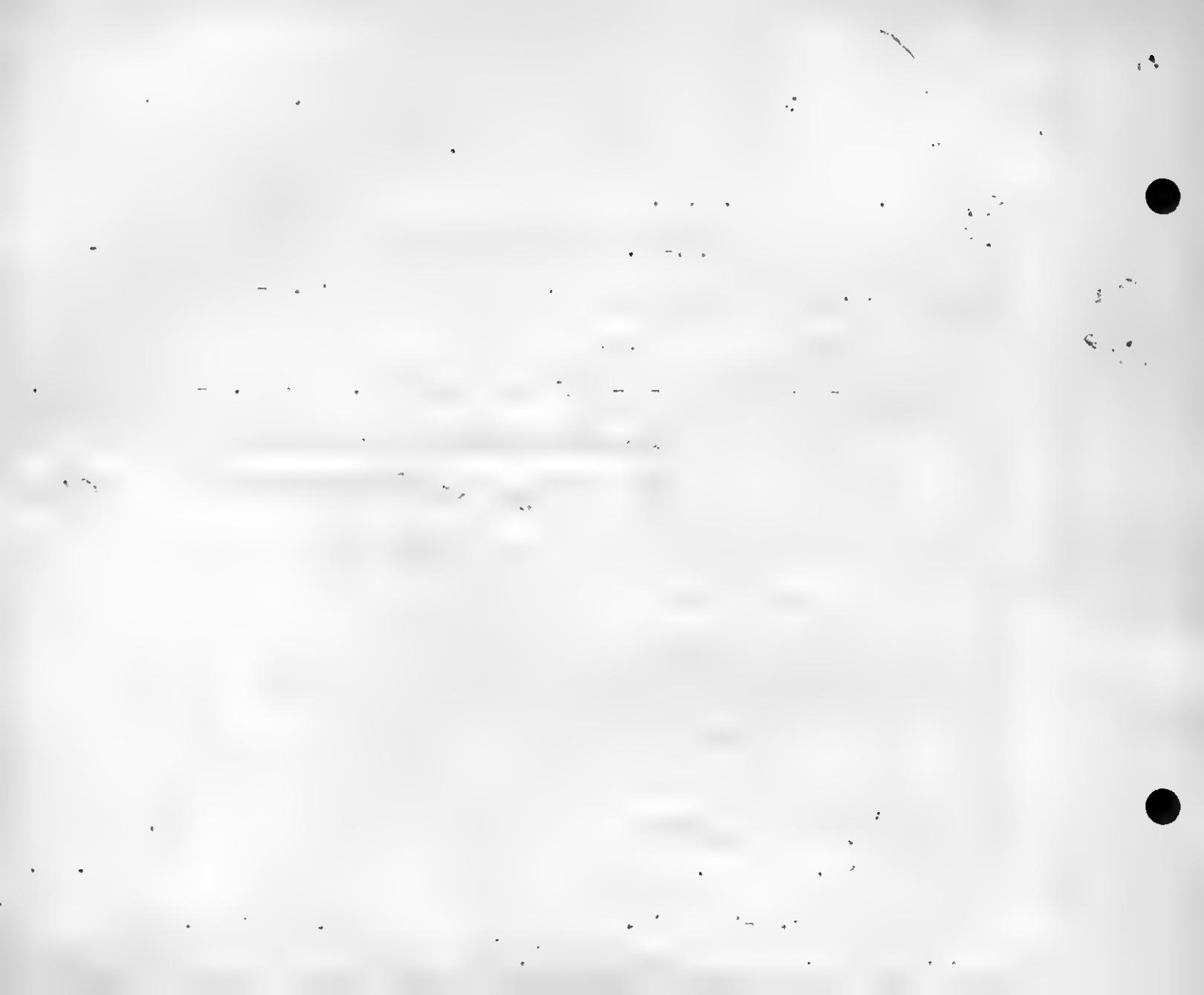
1 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be signed within 24 hours after death.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 5 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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1 DECEASED-NAME (Type or print)		First Mary	Middle Ellen	Last Kidd	20. DATE OF DEATH Nov. 21 Doy 68 Year	26. HOUR 12 noon M
3 SEX Female		4. RACE White		S DATE OF BIRTH Aug. 7- 1870	6. AGE (in years last birthday) 98 yrs.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U. S. A.		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick	
10. CITY OR TOWN OF DEATH Urbana		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) P.O. - It. 2- Frederick		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Homemaker		12b. KIND OF BUSINESS OR INDUSTRY Md.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13c. CITY OR TOWN Urbana		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER Rt. 2- Frederick	
14. FATHER'S NAME Emmanuel		Middle Stup	Last	15. MOTHER'S MAIDEN NAME Harriett	Middle	Last Webster
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 211-54-0261T		17 INFORMANT Miss Beatrice L. Kidd- Rt. 2- Frederick-Md.	Address	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART 1. DEATH WAS CAUSED BY.</p> <p>IMMEDIATE CAUSE (a) <u>Cerebral artery occlusion</u> 4 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Generalized arteriosclerosis</u></p> <p>DUE TO, OR AS A CONSEQUENCE OF (c)</p> <p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p> <p>7-7-2-1 2-2-2</p>						
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE <u>W.J. Riddick</u>		DEGREE	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED Nov. 22-1968
22d. PHYSICIAN'S NAME (Type) Dr. Willis J. Riddick		22e. ADDRESS Frederick Medical Center-Frederick, Md.				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 25-1968	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery		23d. LOCATION (City or Town) Frederick, Md. 21701	(County) (State)
24. FUNERAL DIRECTOR Elwood T. M.R. Etchison & Son		ADDRESS Frederick, Md. 21701	25a. RECD BY REGISTRAR DATE NOV 25 1968	25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

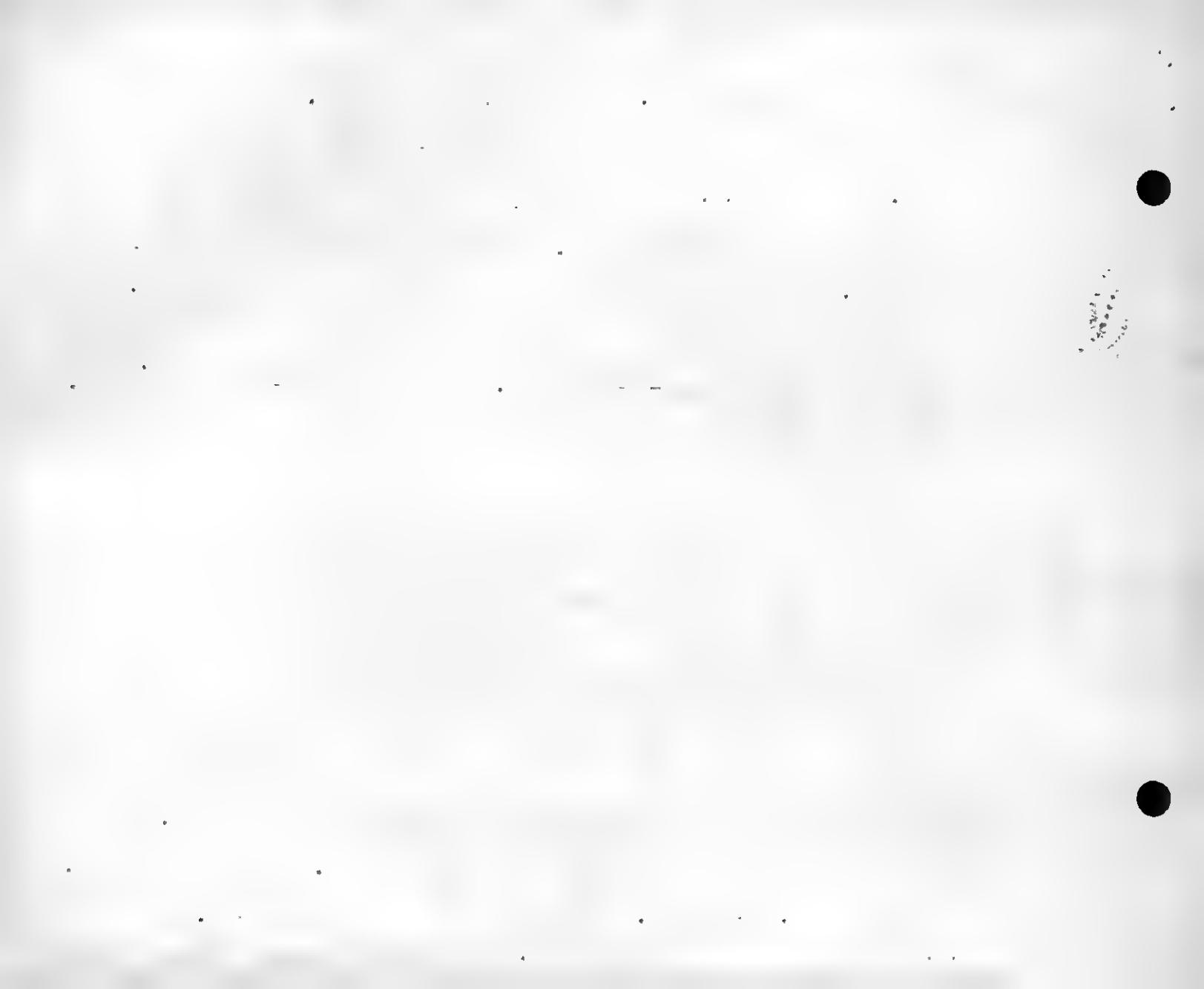
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. DECEASED-NAME (Type or print)		First Lillian	Middle E.	Last Kimmell	2a. DATE OF DEATH Month Nov. 9 Day 68 Year	2b. HOUR 11:50				
3. SEX Female		4 RACE White		5. DATE OF BIRTH July 4- 1899		6. AGE (In years last birthday) 69 yrs.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN.
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		9. COUNTY OF DEATH Frederick				
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Homemaker			12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. CITY OR TOWN Baltimore		13c. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 2317 Hemlock Ave.		
14. FATHER'S NAME First Oscar		Middle Washington	Last Waltz	15. MOTHER'S MAIDEN NAME First May		Middle		Last Zimmerman		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 204-05-2622A		17. INFORMANT Mrs. Bernard Budesheim		Baltimore Address Md.		18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
<p>PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. 500X (b) <i>Acute Bronchitis</i> DUE TO, OR AS A CONSEQUENCE OF (c)</p>										
<p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Cerebral Atrophy</i></p>										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, natl. or medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State	
<p>22a. I certify that (I) (this hospital) attended the deceased from <u>11-6</u>, 19<u>68</u>, to <u>11-9</u>, 19<u>68</u>, that (I) (we) last saw the deceased alive on <u>11-9 1968</u>, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.</p>										
22b. SIGNATURE <i>Ralph L. Michels, M.D.</i>		22c. DATE SIGNED Nov. 9-1968		22d. PHYSICIAN'S NAME (Type) RALPH L. MICHELS, M.D.		22e. ADDRESS Frederick Med. Center-Frederick Md. 21701				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 12-1968		23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery		23d. LOCATION (City or Town) Frederick Md. 21701		(County) (State)		
24. FUNERAL DIRECTOR L.R. Etchison & Son T.		ADDRESS Frederick, Md. 21701		25a. REC'D BY REGISTRAR DATE NOV 13 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1592

15907

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and if any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First HELEN	Middle ALETHA	Lost KREINER	2a. DATE OF DEATH Month Nov. Day 15 Year 1968	2b. HOUR 2:15 P.M.	
3. SEX FEMALE		4. RACE CAUC.	5. DATE OF BIRTH 22 Oct 1898		6. AGE (In years last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH FREDERICK		
10. CITY OR TOWN OF DEATH FREDERICK		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) FREDERICK MEMORIAL			12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired) Housewife		12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) STATE Md.		13b. COUNTY FREDERICK	13c. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 404 Calvin Avenue	
14. FATHER'S NAME First John		Middle Conniff	15. MOTHER'S MAIDEN NAME First Middle Emma		Leightner		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown No		16b. SOCIAL SECURITY NO 212-26-7973		17. INFORMANT Mrs. Mary J. Mitzel		Address Ave. 4718 Elison City 21206	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))</p> <p>PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cirrhosis - Sclerotic Cardiovascular disease APPROXIMATE INTERVAL Conditions, if any which gave rise to immediate cause (a), stating the underlying cause Diabetes Mellitus BETWEEN ONSET AND DEATH ? 20y</p> <p>DUE TO, OR AS A CONSEQUENCE OF (b) Diabetes Mellitus ?</p> <p>DUE TO, OR AS A CONSEQUENCE OF (c) 260X ?</p> <p>PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p>							
19a. DATE OF OPERATION 260X		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. 19 P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) At home, Farm, Street, Factory, Office Building etc.		21d. LOCATION Street or R.F.D. No City or Town County State		
21e. INJURY OCCURRED Not while at work <input type="checkbox"/> <input checked="" type="checkbox"/> of work		21f. PLACE OF INJURY (At home, Farm, Street, Factory, Office Building etc.)					
22a. I certify that (I) (this hospital) attended the deceased from 5 Nov. 1968 to 15 Nov. 1968 , that (I) (we) last saw the deceased alive on 15 Nov. 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Charles H. Conley, Jr. M.D.		22c. DEGREE MD.		ATTENDING PHYS. <input checked="" type="checkbox"/>	MED DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22d. DATE SIGNED 15 Nov. 1968.
22d. PHYSICIAN'S NAME (Type) CHARLES H. CONLEY, JR.		22e. ADDRESS FREDERICK, MARYLAND.					
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE 11/19/68.	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Maria Cemetery		23d. LOCATION (City or Town) Baltimore, Md.		(County) (State)
24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214		ADDRESS		25a. REC'D BY REGISTRAR DATE NOV 18 1968		25b. REG STRR'S SIGNATURE Charles J. Ruck	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Grace	Middle S. Lantz	Lost	2a. DATE OF DEATH Month Nov. 20 Day 1968	2b. HOUR M
3. SEX Female	4 RACE White	S. DATE OF BIRTH June 30, 1887	6. AGE (In years last birthday) 81 yrs	IF UNDER 1 YEAR MONTHS 0 DAYS 0 HOURS 0 MIN 0	
7a. BIRTHPLACE (State or foreign country) New York	7b. CITIZEN OF WHAT COUNTRY? USA	B. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick	Md	
10. CITY OR TOWN OF DEATH Lantz	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Own Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Teacher	12b. KIND OF BUSINESS OR INDUSTRY School		
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Md.	13b. COUNTY Fred	13c. CITY OR TOWN Lantz	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Derrfield	
14. FATHER'S NAME Charles H. Steuber	First Middle Last	15. MOTHER'S MAIDEN NAME Armenia ?	Middle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)	16b. SOCIAL SECURITY NO. 220-44-3846	17. INFORMANT Frederick J. Bower	Address Thurmont, Md.		
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 7508 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3-4 days		
DUE TO, OR AS A CONSEQUENCE OF (b) <i>Diverticulum of Esophagus</i> DUE TO, OR AS A CONSEQUENCE OF (c)			6-7 yrs.		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC)	21f. LOCATION Street or R.F.D. No	City or Town	County	State
22a. I certify that (I) (This hospital) attended the deceased from 1960, 1952, to 20NN, 1968, that (I) (we) last saw the deceased alive on 20 Nov. 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) (did not) view the body after death.					
22b. SIGNATURE <i>Harry H. Youngs MD</i>	ATTENDING DEGREE PHYS	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED 11-25-68.	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS Blue Ridge Summit, Pa				
23a. BURIAL CREMATION REMOVAL (Specify) Burial	23b. DATE 11-24-68	23c. NAME OF CEMETERY OR CREMATORIAL United Brethren Cem.	23d. LOCATION (City or Town) Thurmont	(County) Fred. Co. Md.	(State)
24. FUNERAL DIRECTOR <i>Raymond E. Creager</i>	ADDRESS Thurmont, Md.	25a. REC'D BY REGISTRAR DATE NOV 29 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		
VR A15 30M REV 1/68					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

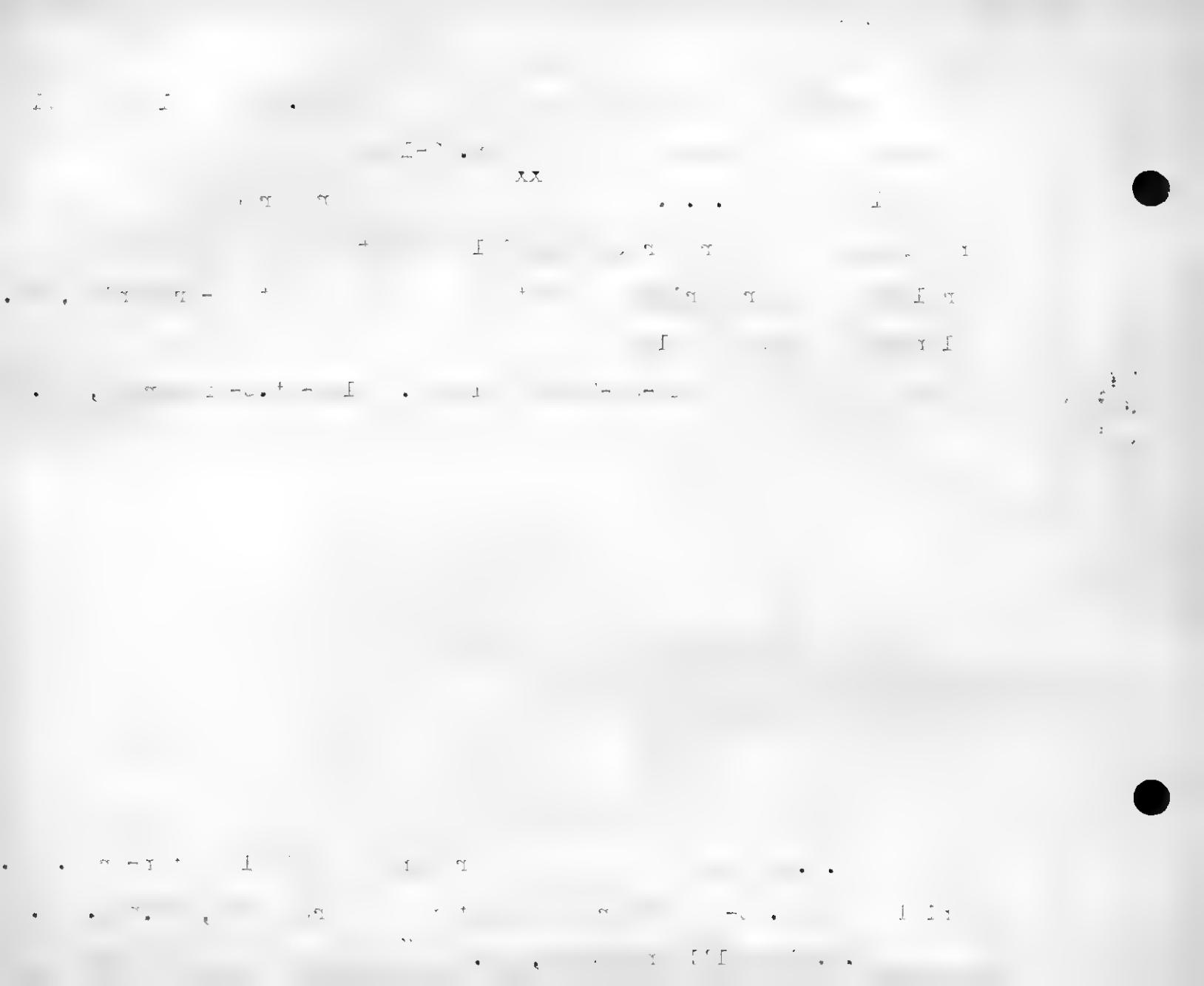
15909

15923

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	First CLARENCE	Middle STERLING	Last LYLES	2a. DATE OF DEATH Month Nov. 28	Day 1968	2b. HOUR 4:15		
3. SEX Male	4 RACE Negro	5. DATE OF BIRTH Apr. 7-1905		6. AGE (In years less birthday) 63	7. IF UNDER 1 YEAR MONTHS DAYS		8. IF UNDER 24 HRS. HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick				
10 CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Custodian	12b. KIND OF BUSINESS OR INDUSTRY *****			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Route 2	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route 2-Frederick, Md.				
14. FATHER'S NAME Clarence	First Henry	Middle Lyles	Lost	15. MOTHER'S MAIDEN NAME VIRGIE	First MAE	Middle LYLES	Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 216-30-3463	17. INFORMANT Melon M. Lyles-Rt. 2-Frederick, Md.		Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carcinoma				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 22 yrs.				
DUE TO, OR AS A CONSEQUENCE OF (b) of Right Kidney								
DUE TO, OR AS A CONSEQUENCE OF (c) lost. 180								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Carcinoma Liver. Carcinoma Left Kidney								
19a. MEDICAL CERTIFICATION	19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes			
21a. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) While at work						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County		State	
22a. I certify that (I) (this hospital) attended the deceased from April , 19 67 , to NOV. 28, 1968 , that (I) (we) last saw the deceased alive on NOV. 27 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE R. L. MICMELS M.D.	22c. DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. DATE SIGNED Nov. 29, 68						
22d. PHYSICIAN'S NAME (Type) R. L. MICMELS	22e. ADDRESS Frederick Medical Center-Fred. Md.							
23a. BURIAL CREMATION, BOTH (Specify)	23b. DATE Dec. 2-68	23c. NAME OF CEMETERY OR CREMATORIUM Fairview Cemetery	23d. LOCATION (City or Town) Frederick, Fred. Md.	(County) Frederick		(State) Md.		
24. FUNERAL DIRECTOR C. E. Micks III Frederick, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE Dec. 3 1968	25b. REGISTRAR'S SIGNATURE James J. Micks					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1 DECEASED-NAME (Type or print)		First <i>Ralph</i>	Middle <i>Walter</i>	Lost <i>Manuel</i>	2a. DATE OF DEATH Month <i>Nov. 23</i>	Year <i>1968</i>	2b. HOUR <i>549 M</i>	
3. SEX <i>Male</i>		4. RACE <i>White</i>		5. DATE OF BIRTH <i>1/27/1901</i>		6. AGE (in years last birthday) <i>67</i>		
7a. BIRTHPLACE (State or foreign country) <i>Virginia</i>		7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <i>Frederick</i>		
10. CITY OR TOWN OF DEATH <i>Frederick</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Frederick Memorial</i>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <i>Retired - part-time insurance</i>		12b. KIND OF BUSINESS OR INDUSTRY <i>Insurance</i>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Maryland</i>		13b. CITY OR TOWN <i>Frederick</i>		13c. CITY OR TOWN <i>Brunswick</i>		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
14. FATHER'S NAME First <i>Elton</i>		Middle <i>Manuel</i>	Lost	15. MOTHER'S MAIDEN NAME First Middle <i>Jessie</i>		Last <i>Walter</i>		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) <i>No</i>		16b. SOCIAL SECURITY NO. <i>214-07-6741</i>		17. INFORMANT <i>Mrs. Frances Manuel, Brunswick, Md.</i>		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Congestive heart failure</i>		DUE TO, OR AS A CONSEQUENCE OF <i>Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost</i>		DUE TO, OR AS A CONSEQUENCE OF <i>Congestive heart failure</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>2-3 mo.</i>		
(b) <i>Congestive heart failure</i>		DUE TO, OR AS A CONSEQUENCE OF <i>Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost</i>		DUE TO, OR AS A CONSEQUENCE OF <i>Pulmonary edema</i>		year		
(c) <i>Pulmonary edema</i>						year		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Polyuria</i>								
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory or office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	
22a. I certify that (1) (this hospital) attended the deceased from <i>Nov. 10</i> , 1968, to <i>Nov. 23</i> , 1968, that (1) (we) last saw the deceased alive on <i>Nov. 23</i> , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <i>Henry V. Chase MD</i>		DEGREE <i>MD</i>	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>Nov. 24, 1968</i>		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>Henry V. Chase MD 804 Toll House Ave Frederick Md</i>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/26/68</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>St. Marks Cemetery</i>		23d. LOCATION (City or Town) <i>Petersville</i>		(County) <i>Fred.</i>	(State) <i>Md.</i>
24. FUNERAL DIRECTOR <i>Family Funeral Home</i>		ADDRESS <i>Brunswick, Md.</i>		25a. REC'D BY REGISTRAR <i>NOV 27 1968</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	Neda First Name: Neda Middle Name: Minnick Last Name: Ninnick			2a. DATE OF DEATH Month: November Day: 24 Year: 1968	2b. HOUR 12 PM			
3 SEX Female	4 RACE White	5 DATE OF BIRTH Sept. 3-1898			6. AGE (in years last birthday) 70 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Frederick			
10 CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Homemaker			12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Frederick	13c. CITY OR TOWN Frederick			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 123 Water Street		
14. FATHER'S NAME First: Charles Middle: Barnst Last:	15. MOTHER'S MAIDEN NAME Minnie							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 214-24-7460	17. INFORMANT Mrs. Glenda Tomlin-123 Water St. Frederick, Md.			Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <u>Hypertension arteriosclerotic cardiovascular disease</u> 4120 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) DUE TO, OR AS A CONSEQUENCE OF (c)								
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 years								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 442X Diabetes mellitus								
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from <u>Sept. 11</u> 19 <u>68</u> to <u>11-24</u> 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>Sept. 11</u> 19 <u>68</u> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <u>Dr. R. Martin</u>		DEGREE ATTENDING PHYS.	22c. MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	DATE SIGNED Nov. 24-1968			
22d. PHYSICIAN'S NAME (Type) Alex R. Martin		22e. ADDRESS 220 N. Market St. Frederick, Md. 21701						
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Nov. 27-1968	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery			23d. LOCATION (City or Town) Frederick, Md. 21701		
24. FUNERAL DIRECTOR - Woodward - - A. Hutchison & Son		ADDRESS Whitmore Frederick, Md. 21701			25a. REC'D BY REGISTRAR DATE NOV 27 1968	25b. REGISTRAR'S SIGNATURE Charles Judge		



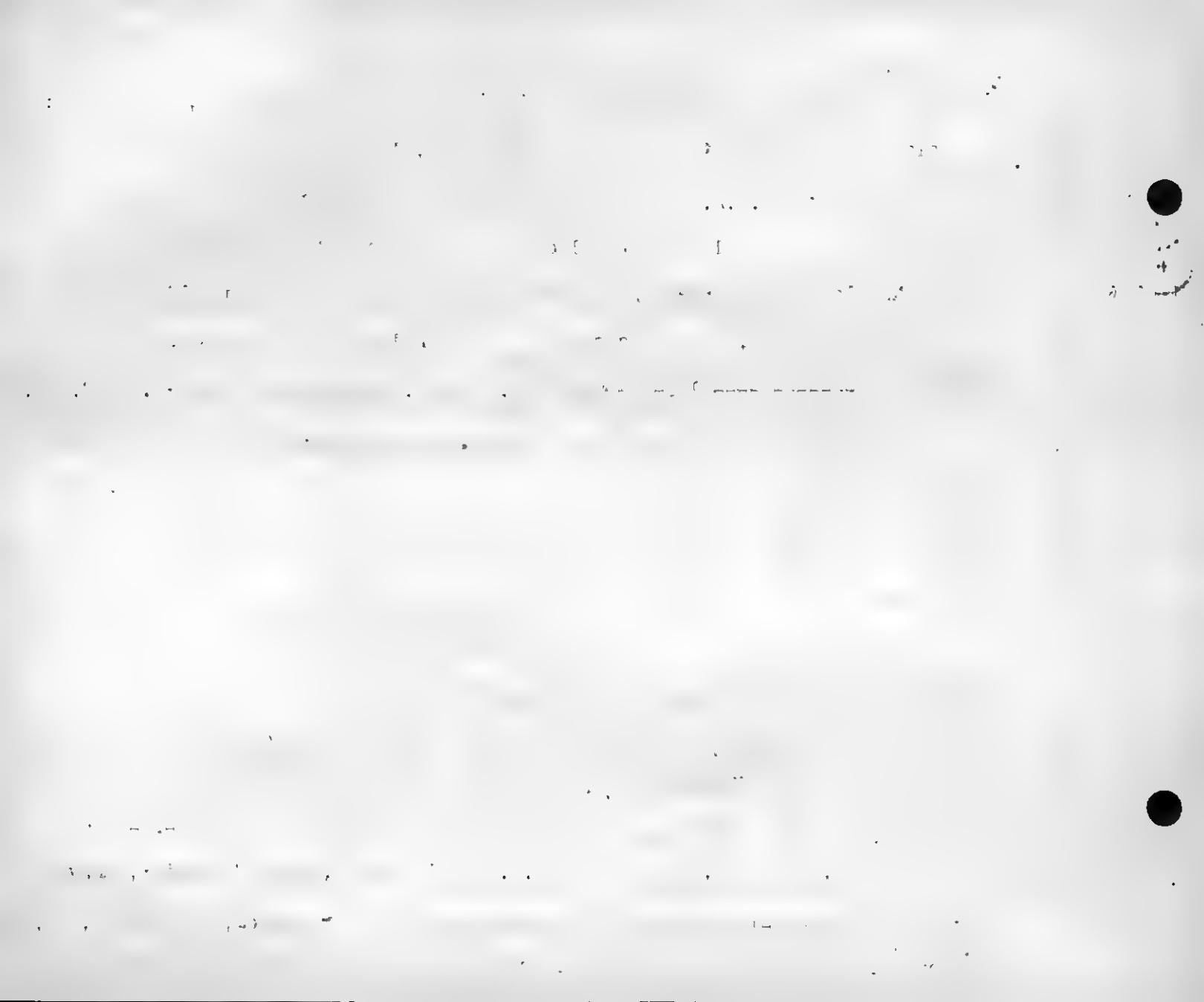
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15936

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ~~page 2~~ and ~~2~~ and ~~2~~ should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First GEORGE	Middle HUGO	Last NELSON	2a. DATE OF DEATH Month November	2b. HOUR 9:30M p						
3. SEX Male		4. RACE White	5. DATE OF BIRTH June 4, 1922		6. AGE (In years lost birthday) 46	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	IF UNDER 24 HRS HOURS 0	IF UNDER 24 HRS MIN 0			
7a. BIRTHPLACE (State or foreign country) NYC New York		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick,							
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 1128 Young Place			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Micro-Biologist		12b. KIND OF BUSINESS OR INDUSTRY None					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. CITY OR TOWN Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 1128 Young Place							
14. FATHER'S NAME First Hugo		Middle T.	Last Nelson	15. MOTHER'S MAIDEN NAME First Hilder	Middle Alquist	Last 						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? NO (If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 128-14-0982		17. INFORMANT Mrs. Mary D. Nelson	Address 1128 Young Pl. Fred. Md.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recurrent Cerebral hemorrhage								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 hours				
4319 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
MEDICAL CERTIFICATION		19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
		21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County		State		
		22a. I certify that (I) was present attended the deceased from 1865 , 19, to 11/28/68 19, that (I) not last saw the deceased alive on 11/28/68 19, and that in (my) (my) opinion death occurred on the date and hour and from the causes stated above, (I) we they did not view the body after death. (did view)										
		22b. SIGNATURE <i>B. F. Meadow</i>		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/>	MED. DIRECTOR	<input type="checkbox"/>	STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED 11-28-1968		
		22d. PHYSICIAN'S NAME (Type) Dr. Gilcin F. Meadows		22e. ADDRESS Toll House Avenue Frederick, Maryland								
		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-29-1968	23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		23d. LOCATION (City or Town) Frederick		(County) Frederick		(State) Md.	
		24. FUNERAL DIRECTOR <i>Robert E. Dailey & Son</i>		ADDRESS Frederick, Maryland		25a. REC'D. BY REG. STRAR DEC 2 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, please remove carbon paper. Pages 1 and 2 should be detached, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

15918			1592		
1. DECEASED-NAME (Type or print) William H. Peters, Jr.			2a. DATE OF DEATH Month Nov. 14, 1968 Day Year		
1b. DECEASED-NAME (Type or print) William H. Peters, Jr.			2b. HOUR 3:45 PM		
3. SEX Male			4 RACE White		
5. DATE OF BIRTH June 2, 1893			6. AGE (In years last birthday) 75 YRS.		
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? USA		
8 MARRIED WIDOWED			9. COUNTY OF DEATH Frederick		
10. CITY OR TOWN OF DEATH Frederick			11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hosp.		
12a. US/AL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland			12c. CITY OR TOWN Keymar		
13a. IN SHOE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET AND NUMBER RFD # 2		
14. FATHER'S NAME First: William Middle: Page Last:			15. MOTHER'S MAIDEN NAME First: Alice Middle: Cutsail Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes			16b. SOCIAL SECURITY NO. W.W. # 1		
17. INFORMANT Mr. Lewis Peters, Keymar, Md.			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(b) ASTH with pulmonary edema					
(c) Recent CVA					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 4200					
19a. DATE OF OPERATION 4200		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. 114468 City or Town 114468 County	
22a. I certify that (s) (this hospital) attended the deceased from 11/13/68, 19 to 11/14/68, 19, that (s) (we) last saw the deceased alive on 11/14/68, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE A. Austin Pearce, Jr.			DEGREE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS.		
22d. PHYSICIAN'S NAME (Type) A. Austin Pearce, Jr.			22e. ADDRESS Frederick, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23c. NAME OF CEMETERY OR CREMATORIAL Pleasant Pleasant Hill		
23d. LOCATION (City or Town) Monrovia, Md.			(County) (State)		
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.			25a. RECD BY REGISTRAR DATE NOV 19 1968 25b. REGISTRAR'S SIGNATURE Charles George		



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 18A3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1099

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1. DECEASED-NAME (Type or Print)						First ROGER	Middle DANE	Last POWELL	2a. DATE KNOWN BY ESTI- MATED <input type="checkbox"/>	Month Nov.	Day 5	Year 1968	2b. HOUR 10:26
3 SEX Male	4 RACE White	5 DATE OF BIRTH 30 Aug 1901	6 AGE (In years last birthday) 67 YRS	7 IF UNDER YEAR MONTHS 0	8 IF UNDER 24 HRS DAYS 0	9 HOURS 0	10 Month Nov.	11 Day 5	12 Year 1968	13d. 2d HOUR 10:25A			
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U. S.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		9. COUNTY OF DEATH Frederick		10. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired-Maryland Dry Dock Co.					
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hospital			12. CITY OR TOWN Frederick			12b. KIND OF BUSINESS OR INDUSTRY					
13a. US.JA. RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE Md.		13b. COUNTY Frederick		13c. CITY OR TOWN Frederick		13d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13e. STREET AND NUMBER 143 W. Patrick St.					
14. FATHER'S NAME First Roy		Middle G.	Last Powell	15. MOTHER'S MAIDEN NAME First Daisy		Middle E.	Last Lizar						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO 213-18-8833		17. INFORMANT Mrs. Mary Jane Lindsay, High Point, N. C.		18. ADDRESS 603 W. Lexington Ave., 22263			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 412 Conditions, if any which gave rise to immediate cause (a), stating the underlying cause lost.		Congestive Heart Failure											
(b) DUE TO, OR AS A CONSEQUENCE OF Myocardial Difunctions - Healed													
(c) DUE TO, OR AS A CONSEQUENCE OF Atherosclerotic Heart Disease													
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY?					
19c. MEDICAL CERTIFICATION								YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)									
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No City or Town County State									
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>													
ACTUAL SIGNATURE <i>Robert J. Thomas</i>		EXAMINER'S NAME (Type) Robert J. Thomas, M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county)			22b. DATE SIGNED Nov. 5, 1968					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/8/68		23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		23d. LOCATION (City or Town) Frederick-Frederick-Maryland		(County) (State)					
24. FUNERAL DIRECTOR <i>Frank J. Smith Jr.</i> M. R. Etchison & Son, Frederick, Md. 21701		25a. ADDRESS 21701		25b. REC'D BY REGISTRAR NOV 7 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>							

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED-NAME (Type or print)	First	Middle	Lost	2a. DATE OF DEATH Month	Day	Year	2b. HOUR 45 10 44
John Raymond		Powers	November	7	1968		
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	F. UNDER 1 YEAR	F. UNDER 24 HRS		
Male	White	November 5, 1968	YRS.	MONTHS	MONTHS		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH	Md.			
Maryland	USA		Frederick				
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
Frederick	Frederick Memorial			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		1760 B Sheets Place 7th District	
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER			
MD	Frederick	Frederick	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	1760 B Sheets Place 7th District			
14. FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MAIDEN NAME	First	Middle	Lost
SP/6 John Ernest Powers				Carmela LaFalee			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO	17. INFORMANT	Address				
NO		JOHN E. POWERS	FREDERICK, MD.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART 1. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>fatal atelectasis, milking</u>							
DUE TO, OR AS A CONSEQUENCE OF							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>prematurity</u>							
DUE TO, OR AS A CONSEQUENCE OF							
(c)							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>Nov 5, 1968</u> to <u>Nov 7, 1968</u> , that (I) (we) last saw the deceased alive on <u>Nov 7, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE		MD DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED 11/7/68		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS					
Charles E. Wright M.D.							
23a. BURIAL, CREMATION, REMOVAL (specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL	23d. LOCATION (City or Town)	(County)	(State)		
BURIAL	11-9-68	ST. JOHN'S CEM.	Frederick	Frederick	MD		
24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR	25b. REGISTRAR'S SIGNATURE				
SALAMONE FUNERAL HOME FREDERICK, MD.		DATE NOV 12 1968	Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, please remove carbon paper. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Gladys	Middle C.	Last Ranneberger	2a. DATE OF DEATH Month Nov. 12	Year 68	2b. HOUR a 8:50			
3. SEX Female	4. RACE White	5. DATE OF BIRTH Oct. 21-1903			6. AGE (in years last birthday) 65	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. DAYS HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9 COUNTY OF DEATH Frederick						
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Homemaker		12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased admission) STATE Md.	13b. COUNTY Frederick	13c. CITY OR TOWN Woodsboro	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER					
14. FATHER'S NAME Charles	First D.	Middle Hickman	15. MOTHER'S MAIDEN NAME Annie	Middle Last Michael					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 215-36-5981B	17. INFORMANT Mr. R. Conrad Ranneberger	Address Woodsboro-Md. 21798						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Gastro-intestinal hemorrhage</i> 36 hours DUE TO OR AS A CONSEQUENCE OF Conditions if any, which gave rise to immediate cause (a). stating the underlying cause lost. (b) <i>Peptic Ulcer</i> 18 mos DUE TO, OR AS A CONSEQUENCE OF (c) <i>Rheumatoid disease</i> 1951									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No	City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from 1951, 19 to 12 Nov., 1968, that (I) (we) last saw the deceased alive on 1 Nov., 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								22c. DATE SIGNED Nov. 13-1968	
22b. SIGNATURE <i>Charles H. Conley, Jr. M.D.</i>		22d. PHYSICIAN'S NAME (Type) Dr. Charles H. Conley-Jr.	22e. ADDRESS Prof. Bldg. - Frederick-Md. 21701						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 14-1968	23c. NAME OF CEMETERY OR CEMINATORY Lt. Olivet Cemetery			23d. LOCATION (City or Town) Frederick-Md. 21701		(County) Md.	(State)
24. FUNERAL DIRECTOR Elwood T. M.R. Etchison & Son		ADDRESS <i>Whitmore</i> Frederick, Md. 21701			25a. REC'D BY REGISTRAR DATE 18 1968		25b. REGISTRAR'S SIGNATURE <i>Charles J. Conley</i>		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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15S17

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First ROGER	Middle MONROE	Last REESE	2a. DATE OF DEATH Month NOV	Day 23	Year 1968	2b. HOUR 3:40 PM
3. SEX M	4. RACE W	5. DATE OF BIRTH AUG 25-1913		6. AGE (in years last birthday) 55	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	IF UNDER 24 HRS. HOURS 0
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED	9. COUNTY OF DEATH FREDERICK				
10. CITY OR TOWN OF DEATH FREDERICK	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) MEMORIAL HOSPITAL FACTORY			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) BRUSH	12b. KIND OF BUSINESS OR INDUSTRY BRUSH		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY FREDERICK	13c. CITY OR TOWN WALKERSVILLE	13d. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER NONE			
14. FATHER'S NAME First HARVEY	Middle E	Last REESE	15. MOTHER'S MAIDEN NAME First GULA	Middle BARNES	Last R	Address R1 HELEN REESE WALKERSVILLE MD	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO	16b. SOCIAL SECURITY NO 214-10-3428	17. INFORMANT HELEN REESE WALKERSVILLE MD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Cong. Heart Failure & Shock 5/1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Acute Necrotizing Pancreatitis							
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 5/1							
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> of work	21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from 22 NOV 1968 to 23 NOV 1968 , that (I) (we) last saw the deceased alive on 23 NOV 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE G. J. SMITH M.D.	22c. DEGREE M.D.	ATTENDING PHYS <input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS	22d. DATE SIGNED 23 NOV 68			
22d. PHYSICIAN'S NAME (Type) G. J. SMITH	22e. ADDRESS 804 TOLL HOUSE AVE FREDERICK, MD.						
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV 26-1968	23c. NAME OF CEMETERY OR CREMATORIAL LINGANORE	23d. LOCATION (City or Town) UNIONVILLE	(County) MD	(State)		
24. FUNERAL DIRECTOR D. D. Hartzler & Sons, Libertytown, Md.	ADDRESS 1001 Libertytown Rd.	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	Also known as Ira S. Remsberg			Lost	20. DATE OF DEATH Month Day Year	2b. HOURS Year	
IRA		S.	REMSBERG	November 22 1968	9:15 M		
3. SEX Male	4. RACE White	S. DATE OF BIRTH 2 Aug 1895	6. AGE (In years lost birthday) 73 YRS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS	IF HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U. S.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick				
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Retired	12b. KIND OF BUSINESS OR INDUSTRY Farmer		
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Md.	13b. COUNTY Frederick	13c. CITY OR TOWN Jefferson	13d. INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER -----			
14. FATHER'S NAME First Daniel	Middle S.	Last Remsberg	15. MOTHER'S MAIDEN NAME First Mary	Middle Catherine	Last Souder		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes	16b. SOCIAL SECURITY NO. WWI	17. INFORMANT Mrs. Bessie C. Remsberg, Jefferson, Md.	Address 21755				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Acute Coronary Cholangitis</i> 410.9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> lost. (b) <i>Atherosclerotic Heart Disease</i> DUE TO, OR AS A CONSEQUENCE OF (c)							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days years
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M.	21c. HOW INJURY OCCURRED Enter nature of injury in Part 1 or Part 2, Item 18.) 19				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from <u>Nov 12</u> , 1968, to <u>Nov 22</u> , 1968, that (I) (we) last saw the deceased alive on <u>Nov 22</u> , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>Henry L. Chase</i>		DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <u>Nov. 22 1968</u>		
22d. PHYSICIAN'S NAME (Type) Henry L. Chase		22e. ADDRESS 824 Toll House Ave Frederick, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/25/68	23c. NAME OF CEMETERY OR CEMINATORY Mount Olivet Cemetery			23d. LOCATION (City or Town) Frederick-Frederick-Maryland	(County) (State)	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md. 21701	ADDRESS Frank L. Smith, Jr.	25a. REC'D BY REGISTRAR NOV 25 1968			25b. REGISTRAR'S SIGNATURE Charles Judge		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

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To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	First Mattie	Middle May	Last Rice	2a. DATE OF DEATH Nov. 10 Month Day Year 1968	2b. HOUR 7:00 AM
3 SEX Female	4 RACE White	5 DATE OF BIRTH July 11, 1890		6. AGE (in years last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN
7a BIRTHPLACE (State or foreign country) Fred. Co.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick		
10 CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Fred.	13c. CITY OR TOWN Fred.	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 634 Grant Place	
14. FATHER'S NAME First William	Middle Renner	Last	15. MOTHER'S MAIDEN NAME First Minnie	Middle Sickles	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes or unknown No	16b. SOCIAL SECURITY NO. 219-20-4476A	17 INFORMANT Alva F. Rice	Address 634 Grant Pl. Fred.		
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 1/20 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 17 days		
(b) <i>Acute ma of heart</i>					
(c) <i></i>					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1559					
19a. DATE OF OPERATION 1559		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACC DENT WAS UNDERLYING □ OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from <i>10/24/68</i> to <i>11/11/68</i> , that (I) (we) last saw the deceased alive on <i>11/7/68</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>Robert S. Hughes</i>		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED <i>11/13/68</i>
22d. PHYSICIAN'S NAME (Type) Robert S. Hughes		22e. ADDRESS 700 Montclair Ave. Frederick, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-13-68	23c. NAME OF CEMETERY OR CEMINATORY Lewistown Cemetery		23d. LOCATION (City or Town) Lewistown
24. FUNERAL DIRECTOR <i>Raymond E. Creager</i>		ADDRESS Thurmont, Md.	25a. REC'D BY REGISTRAR NOV 13 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.

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1. DECEASED-NAME (Type or print)	First Virgi•	Middle NMN	Lost Ricketts	2a. DATE OF DEATH Month November	Day 5	Year 1968	2b. HOUR 5:55 M	
3 SEX Female	4 RACE Colored	5. DATE OF BIRTH 4-15-1888		6. AGE (in years lost birthday) 80 YRS.				
7a. BIRTHPLACE (State or foreign country) Md	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick				
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Cook		12b. KIND OF BUSINESS OR INDUSTRY *****		
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE Md	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? NO <input type="checkbox"/>	13e. STREET AND NUMBER 48 Main Street					
14. FATHER'S NAME Ling	First NMN	Middle Herbert	Lost	15. MOTHER'S MAIDEN NAME Harriet	First NMN	Middle Leaking	Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No *****	16b. SOCIAL SECURITY NO. 216-22-7413	17. INFORMANT Ricketts		Address Walkersville 48 Main St				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		DUE TO, OR AS A CONSEQUENCE OF (b) Congestive Heart Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (c) Artherosclerotic Heart Disease		5 yrs				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 420C								
19a. DATE OF OPERATION X	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify med. col. examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County	State		
22a. I certify that (I) (this hospital) attended the deceased from <u>Mar. 20, 1959</u> , to <u>Nov. 5, 1968</u> , that (I) (we) last saw the deceased alive on <u>Nov. 5, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death								
22b. SIGNATURE R.L. Michaels M.D.	22c. DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22d. DATE SIGNED Nov. 6, 68				
22d. PHYSICIAN'S NAME (Type) R.L. Michaels	22e. ADDRESS Fred Medical Center, Fred, Md							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-9-1968	23c. NAME OF CEMETERY OR CREMATORIAL Fairview	23d. LOCATION (City or Town) Frederick	(County) Fred	(State) Md			
24. FUNERAL DIRECTOR C.E. Hicks, 111 Frederick, Md	ADDRESS		25a. REC'D BY REG. STRAR NOV 12 1968	25b. REGISTRAR'S SIGNATURE Charles Judge				
30M REV. 1/68		DATE						



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use on the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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1. DECEASED-NAME (Type or print)		First	Middle	Lost	2a. DATE OF DEATH Month	Day	Year	2b. HOUR M				
Winter Sellman			Runkles		Nov	4	1968					
3. SEX		4 RACE		S. DATE OF BIRTH				6. AGE (in years lost birthday)	7. UNDER 1 YEAR MONTHS	8. UNDER 24 HRS. DAYS	9. HOURS	10. MIN
Male		white		Jan. 11, 1893				73	YRS.			
7b. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH			Frederick		
Maryland		U.S.					Frederick			Md		
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY				
Frederick		Frederick Nursing Home			engineer, ret.			railroad				
13a. USUAL RESIDENCE (Where deceased admission STATE)		lived, if institution Residence before		13c. CITY OR TOWN	13d. INSIDE CITY J.M.T.P?	13e. STREET AND NUMBER						
Maryland		Frederick		Brunswick	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	603 N. 6th Ave						
14. FATHER'S NAME		First	Middle	Lost	15. MOTHER'S MAIDEN NAME			First	Middle	Lost		
		Samuel	Levi	Runkles	Lisa					Sellman		
16a. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.			17. INFORMANT			603 N. 6th Ave.				
no		705-12-3798			Mrs. Emma Runkles, Brunswick, Md.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).												
PART I. DEATH WAS CAUSED BY:												
IMMEDIATE CAUSE (a) <u>cerebral thrombosis with infarction</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 month												
DUE TO, OR AS A CONSEQUENCE OF, the brain.												
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Generalized arteriosclerosis</u> unknown												
DUE TO, OR AS A CONSEQUENCE OF (c)												
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.			City or Town	County	State			
22a. I certify that (I) (this hospital) attended the deceased from Oct 7, 1968, to Nov 4, 1968, that (I) (we) last saw the deceased alive on Nov 3, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE		Henry V. Chase MD			DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/>	MED. DIRECTOR	<input type="checkbox"/>	STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED Nov 5, 1968
22d. PHYSICIAN'S NAME (Type)		Henry V. Chase MD			22e. ADDRESS							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL			23d. LOCATION (City or Town)			(County)	(State)		
burial		11/8/68	Prospect Cemetery			Mt. Airy, Frederick, Md.						
24. FUNERAL DIRECTOR		ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE				
		Gladhill Company, Middletown, Md.						Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

15928		15936										
1 DECEASED NAME (Type or print)		First	Middle	Lost	2a. DATE OF DEATH Nov. Month 20 Day 1968		2b. HOUR 6:30 M					
Sydney Anna Six					Year	Month	Day					
3. SEX Female		4 RACE White	5. DATE OF BIRTH Dec. 28, 1891		6. AGE (In years last birthday) 76		7. IF UNDER 1 YEAR MONTHS	8. IF UNDER 24 HRS. DAYS	9. IF UNDER 24 HRS. HOURS	10. IF UNDER 24 HRS. MIN.		
7a. BIRTHPLACE (State or foreign country) Fred. Co.		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick							
10. CITY OR TOWN OF DEATH Rocky Ridge		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Own Home		12a. USUAL OCCUPATION (Kind of work done during past of working life, even if retired) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Own Home						
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE Md.		13b. COUNTY Fred.	13c. CITY OR TOWN Rocky Ridge		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER						
14. FATHER'S NAME William Adams		First	Middle	Lost	15. MOTHER'S MAIDEN NAME FIRST Joanna Grimes		Middle	Last				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown 110		16b. SOCIAL SECURITY NO 216-48-4572		17. INFORMANT Mrs. Luther Smith		Address Rocky Ridge, Md.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Cerebral Hemorrhage				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 hrs						
4319 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Arteriosclerosis				7 mos						
DUE TO, OR AS A CONSEQUENCE OF (c)												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
331X		None										
19a. DATE OF OPERATION None		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No		City or Town		County		State		
22a. I certify that (I) (this hospital) attended the deceased from Apr. 5, 1968, to Nov. 20, 1968; that (I) (we) last saw the deceased alive on Nov. 20, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE James K. Gray		22c. DEGREE ATTENDING PHYS		22d. MED DIRECTOR <input checked="" type="checkbox"/>		22e. STAFF PHYS <input type="checkbox"/>		22f. DATE SIGNED Nov. 22, 1968				
22d. PHYSICIAN'S NAME (Type) James K. Gray		22e. ADDRESS Thurmont, Md.										
23a. BURIAL, CREMATION, BURIAL		23b. DATE 11-23-68		23c. NAME OF CEMETERY OR CREMATORIAL Keysville Cemetery		23d. LOCATION (City or Town) Keysville		(County) Fred. Co.		(State) Md.		
24. FUNERAL DIRECTOR Raymond E. Creager		ADDRESS Thurmont, Md.		25a. REC'D BY REGISTRAR NOV 26 1968		25b. REGISTRAR'S SIGNATURE John's Judge		DATE NOV 26 1968				
VR A15 30M REV 1-68												



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15931

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR AM			
ANNIE		ELIZABETH	SMITH		Nov.	17	1968	11:00 A.M.			
3. SEX	4. RACE	5. DATE OF BIRTH			6. AGE (In years lost birthday)			IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS		
7	W	Feb. 8 1888			80 yrs						
70. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9 COUNTY OF DEATH			Md.			
Maryland	U. S. A.				Frederick						
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY				
Rural - Libertytown				Housewife							
13a. US. RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER							
Maryland		Frederick Rural	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Fred. R. 1							
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last				
Francis	J.	Cooper		Frances							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NO	312-24-5425	Mrs. Gilmore-Hamilton, Fred R. 1, Md.							48 hours		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).											
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) <u>Pneumonia</u>											
DUE TO, OR AS A CONSEQUENCE OF											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.											
(b) <u>Cirrhosis of livers</u>											
DUE TO, OR AS A CONSEQUENCE OF											
(c)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
15. <u>liver cirrhosis</u> + <u>cardiovascular</u> + <u>ASLV</u>											
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION	Street or R.F.D. No.	City or Town	County	State					
22a. I certify that (i) (this hospital) attended the deceased from <u>Nov. 11</u> , 19 <u>68</u> , to <u>17 Nov. 1968</u> , that (ii) (we) last saw the deceased alive on <u>11 Nov. 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <u>James E. Stoner, Jr.</u>	DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <u>11/11/68</u>						
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS										
JAMES E. STONER, Jr.	2100 Libertytown, Md. 21273										
23a. BURIA, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS			23d. LOCATION (City or Town)	(County)	(State)				
Burial	11/21/68	Fairmount			Libertytown						
24. FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR DATE			25b. REGISTRAR'S SIGNATURE							
	NOV 22 1968			Charles Judge							



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15925
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15934
1
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)		First	Middle	Lost	2a. DATE OF DEATH Nov. 16 1968	2b. HOUR 8:30 M
Edith L. Smith					Month Day Year	
3. SEX Female		4. RACE White		S DATE OF BIRTH Oct. 3, 1905	6. AGE (In years last birthday) 63 yrs.	2b. HOUR IF UNDER 1 YEAR MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? USA		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick	
10. CITY OR TOWN OF DEATH Lantz		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Own Home		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Fred.	13c. CITY OR TOWN Lantz	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER	
14. FATHER'S NAME Unknown		First	Middle	Last	15. MOTHER'S MAIDEN NAME Bessie Toms	Middle
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO 220-28-2793		17. INFORMANT Mrs Edna Sittenger Thurmont Md	Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		Chronic Myocarditis DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction d.d. 12 mos.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15-30 minutes
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.		(b) Hypertensive Cardio-vascular Disease DUE TO, OR AS A CONSEQUENCE OF				15-20 yrs.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 40261						
19a. DATE OF OPERATION 40261		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify med col examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office, building, etc.)	21f. LOCATE ON Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from 4-11, 1955, to 16 NN, 1968, that (I) (we) last saw the deceased alive on 10-25-1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body after death.						
22b. SIGNATURE Harry H. Youngs		22c. DEGREE ATTENDING PHYS	22d. MED DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS <input type="checkbox"/>	22e. DATE SIGNED 11-18-68		
22d. PHYSICIAN'S NAME (Type) Harry H. Youngs		22e. ADDRESS Blue Ridge Summit, Penna.				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-19-68	23c. NAME OF CEMETERY OR CREMATORIAL Germantown Ch. of God	23d. LOCATION (City or Town) Cascade, Freds	(County) Md.	(State)
24. FUNERAL DIRECTOR Raymond E. Creager		ADDRESS Thurmont, Md.	25a. REC'D BY REGISTRAR Charles J. George	25b. REGISTRAR'S SIGNATURE Charles J. George		
VR A15 (4) 30M REV. 1/68						

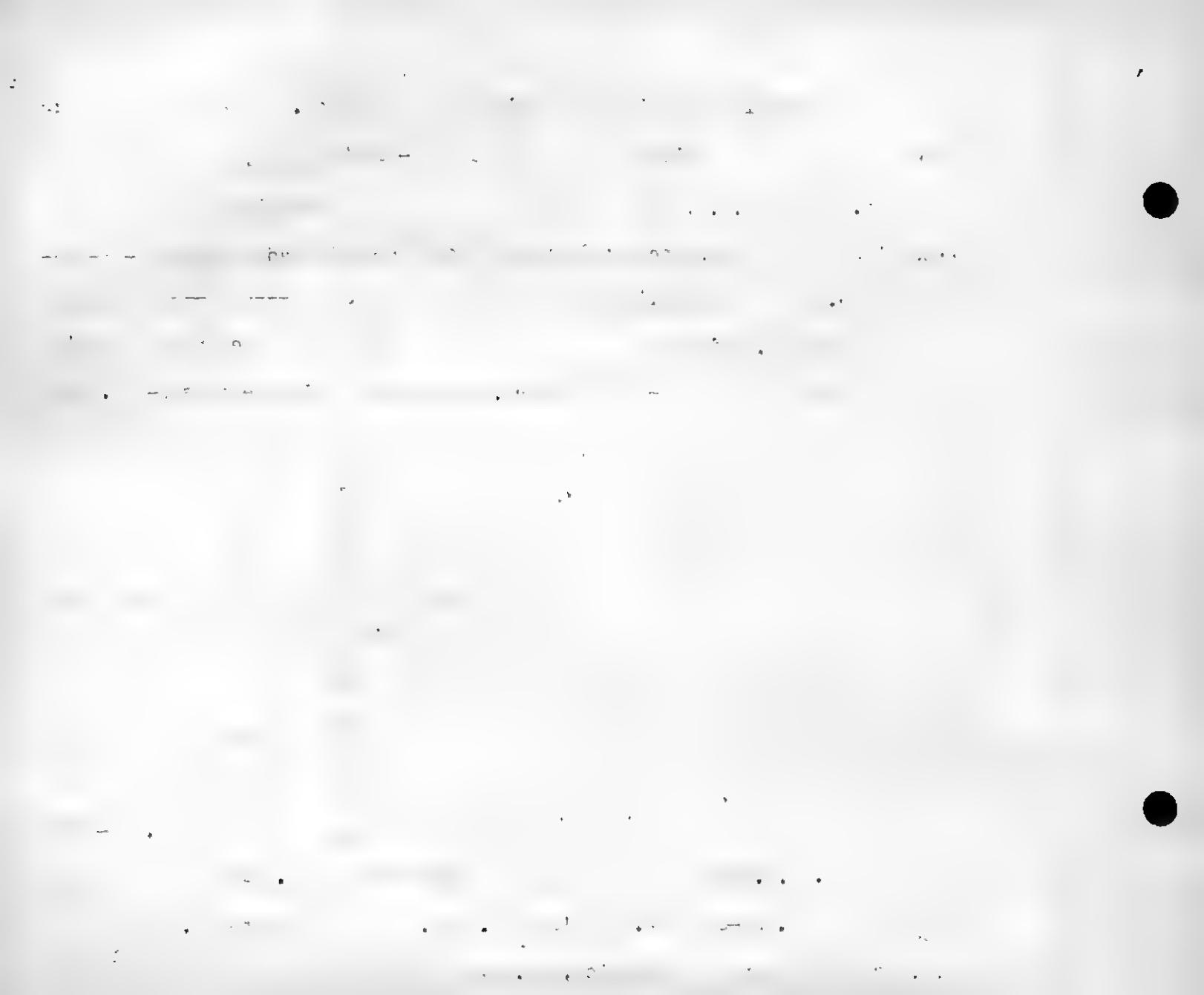


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

11 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. If any part of the certificate, page 3, is lost, it should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Russell	Middle Lewis	Last Smith	2a. DATE OF DEATH Month Nev. 26	Day 68	Year 1968	2b. HOUR AND MINUTE 5:45 M	
3. SEX Male		4. RACE White		5. DATE OF BIRTH July 15- 1907		6. AGE (In years last birthday) 61 YRS.		7. IF UNDER 1 YEAR MONTHS	8. IF UNDER 24 HRS DAYS
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick		Md.	
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Monocacy Hall Nursing Home		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Re-Rail Road employee		12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. CITY OR TOWN Frederick		13c. CITY OR TOWN Jefferson		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER	
14. FATHER'S NAME Harmon R. Smith		15. MOTHER'S MAIDEN NAME Ida		16. MIDDLE NAME Helena		17. LAST NAME Lewis			
18a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		18b. SOCIAL SECURITY NO. 211-16-0290		18c. INFORMANT Mrs. Mae Wachter Smith-Jefferson- Md. 21755		18d. ADDRESS		18e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4-5 days 2 years	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))</p> <p>PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Amyotrophic lateral sclerosis</u> DUE TO, OR AS A CONSEQUENCE OF (c)</p>									
<p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No		City or Town		County	State
<p>22a. I certify that (I) (this hospital) attended the deceased from <u>JUNE 19 68</u>, to <u>NOV 26 1968</u>, that (I) (we) last saw the deceased alive on <u>NOV 26 1968</u>, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.</p>									
22b. SIGNATURE <i>James E. Stoner Jr. MD</i>		22c. DEGREE ATTENDING PHYS.		MED DIRECTOR <input checked="" type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22d. DATE SIGNED Nov. 26-1968	
22e. ADDRESS Walkersville Md. 21793									
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 29-68		23c. NAME OF CEMETERY OR CREMATORIAL St. Paul's Luth. Cem.		23d. LOCATION (City or Town) Jefferson- Md. 21755		(County) (State)	
24. FUNERAL DIRECTOR Elwood T. M.R. Etchison & Son		ADDRESS Whitmore Frederick, Md. 21701		25a. REC'D BY REGISTRAR DAN NOV 29 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

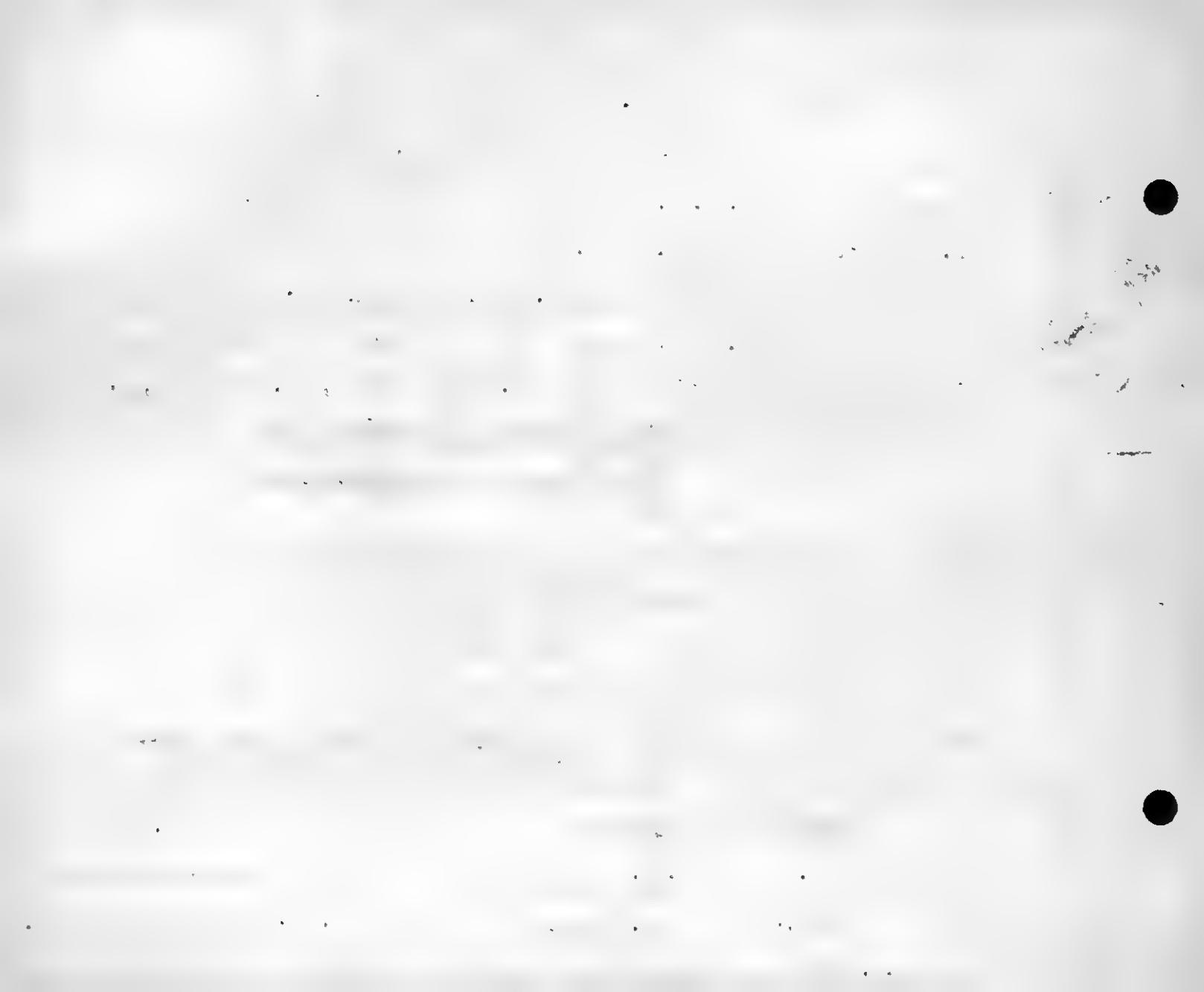
CERTIFICATE OF DEATH

15970

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and in case of removal, within 24 hours after death.

1. DECEASED NAME (Type or print)	First Charles	Middle J.	Last Stockman	2a. DATE OF DEATH November 16 1968	2b. HOUR 12:30
3. SEX Male	4 RACE White	5. DATE OF BIRTH August 16, 1908		6. AGE (In years last birthday) 80 yrs.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick		
10. CITY OR TOWN OF DEATH Nr. Jefferson	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Nr. Jefferson		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Farmer		12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Nr. Jefferson	13d. INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Nr. Jefferson	
14. FATHER'S NAME David	First R.	Middle Stockman	15. MOTHER'S MAIDEN NAME Clara	Middle Belle	Last Zimmerman
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes or unknown	16b. SOCIAL SECURITY NO 220 34 1160	17. INFORMANT Mrs. Ruth Stockman, nr. Jefferson, Maryland	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
4109 Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last.					
DUE TO, OR AS A CONSEQUENCE OF (b) <i>Coronary thrombosis</i>					
DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
4109		19c. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town
22a. I certify that (I) (this hospital) attended the deceased from <i>Jan 14, 1968</i> to <i>11-16, 1968</i> , that (I) (we) last saw the deceased alive on <i>11-14 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.				21g. COUNTY	21h. STATE
22b. SIGNATURE <i>J. R. Poirer</i>		22c. DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22d. DATE SIGNED Nov. 18, 1968
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Frederick Medical Center, Frederick, Md.			
23c. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 19, 1968	23c. NAME OF CEMETERY OR CEMETORY Lb. Zion Lutheran Cemetery		23d. LOCATION (City or Town) Nr. Feagaville Frederick, Md.
24. FUNERAL DIRECTOR <i>Donald J. Poirer</i>		24a. ADDRESS M.R. Etchison & Son, Frederick, Maryland	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE DATE NOV 20 1968	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1994

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 4 may be retained by the hospital or attending physician.

1 DECEASED-NAME (Type or print)				First	Middle	Last	2a. DATE OF DEATH		2b. HOUR A.M.		
Ellen Rebecca Stottlemeyer						Nov. 25 1968		Month Day Year			
3 SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN			
Female		White		June 23, 1926		42 yrs.					
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH					
Fred. Co.		USA				Frederick					
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY					
Woodsboro		Own Home		Secretary		factory					
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER			
Md.		Fred		Woodsboro		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last		
Clarence B. Stottlemeyer						Nettie E. Stultz					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (If yes give war or dates of service)		16b. SOCIAL SECURITY NO		17. INFORMANT		Address					
		216-22-9438		Glenn Stottlemeyer		Woodsboro, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma rectum</u> Approximate interval between onset and death 9 mos											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c)											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 154 X											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC)		21f. LOCATION Street or R.F.D. No.		City of Town		County		State	
22a. I certify that (1) (this hospital) attended the deceased from <u>Feb 2, 1962</u> to <u>Nov 25, 1968</u> , that (1) (we) last saw the deceased alive on <u>Nov 11, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <u>Julius Chepko</u>										22c. DATE SIGNED 11/25/68	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIUM		23d. LOCATION (City or Town)	
		Julius Chepko		Burial		11-27-68		Church of Brethren Cem.		Rocky Ridge Fred Co. Md.	
24. FUNERAL DIRECTOR		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE		(County)		(State)			
		Raymond E. Greager		Date DEC 2 1968							
		Raymond E. Greager									
		Westminster, Md.									

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed ~~within~~ 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1. DECEASED NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH Month	2b. HOUR Year	
Ethel Mary Stream			Nov 23 1968			1045 M		
3. SEX Female			4. RACE White	5. DATE OF BIRTH Oct. 3, 1883		6. AGE (in years last birthday) 85 yrs.	7. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Virginia		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick County		
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired). Homemaker		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Frederick		13c. CITY OR TOWN Brunswick		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 223 East Potomac St.	
14. FATHER'S NAME First		Middle	Last	15. MOTHER'S MAIDEN NAME First		Middle	Last	
John		Bowers		Rosa		Mock		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. Unk		17. INFORMANT Mrs. Pauline Shook- 223 E. Potomac St.		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) <u>Carcinoma of the sigmoid colon</u> 3-4 mm. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1533								
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>Nov 10</u> , 1968, to <u>Nov 23</u> , 1968, that (I) (we) last saw the deceased alive on <u>Nov 23</u> , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE Henry L. Chase		DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED 23 Nov 1968		
22d. PHYSICIAN'S NAME (Type) Henry L. Chase		22e. ADDRESS 864 Toll House Ave Frederick, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 26/68	23c. NAME OF CEMETERY OR CREMATORIAL Union Cemetery		23d. LOCATION (City or Town) Lovettsville Loudoun Va.			
24. FUNERAL DIRECTOR H. R. Etchison & Son		ADDRESS Frederick, Md. 21701	25a. REC'D BY REGISTRAR DATE NOV 29 1968		25b. REGISTRAR'S SIGNATURE Charles Judge			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, fill in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers pages 2 and 7, and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED-NAME (Type or print)		First William	Middle Luther	Lost Summers	20. DATE OF DEATH Nov. 9 Day 68 Year	2b HOUR 2:10 P.M.					
3. SEX Male		4. RACE White		5. DATE OF BIRTH June 21- 1902		6. AGE (In years last birthday) 66 yrs.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick					
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Clerk-Serviceman			12b. KIND OF BUSINESS OR INDUSTRY Retail Chain			
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Md.		13b. COUNTY Frederick		13c. CITY OR TOWN Frederick		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 502 South Market St.			
14. FATHER'S NAME First Jacob		Middle E.	Lost Summers	15. MOTHER'S MAIDEN NAME Laura		Middle Last Brown					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO (If yes give name or dates of service) 217-10-9068		17. INFORMANT Mrs. Martha C. Summers- Same as 13c & e		Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4557		Acute Bronchopneumonia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO, OR AS A CONSEQUENCE OF Massive Cerebral Hemorrhage									
DUE TO, OR AS A CONSEQUENCE OF (b)											
DUE TO, OR AS A CONSEQUENCE OF (c)											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 356X											
19a. DATE OF OPERATION MAY 1968		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or RFD No		City or Town		County		State	
22a. I certify that (I) (this hospital) attended the deceased from <u>1953</u> , to <u>11-9- 1968</u> , that (I) (we) last saw the deceased alive on <u>11-9- 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <i>Rex R. Martin</i>		22c. DATE SIGNED Nov. 9- 1968		DEGREE PHYS.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>				
22d. PHYSICIAN'S NAME (Type) Dr. Rex R. Martin		22e. ADDRESS 220 N. Market St.-Frederick-Md.21701									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 12-1968		23c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery		23d. LOCATION (City or Town) Frederick, Md. 21701		(County) (State)			
24. FUNERAL DIRECTOR M.R. Etchison & Son		ADDRESS <i>Whitmore</i> Frederick-Md.21701		25a. RECD BY REGISTRAR NOV 13 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		DATE			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15930

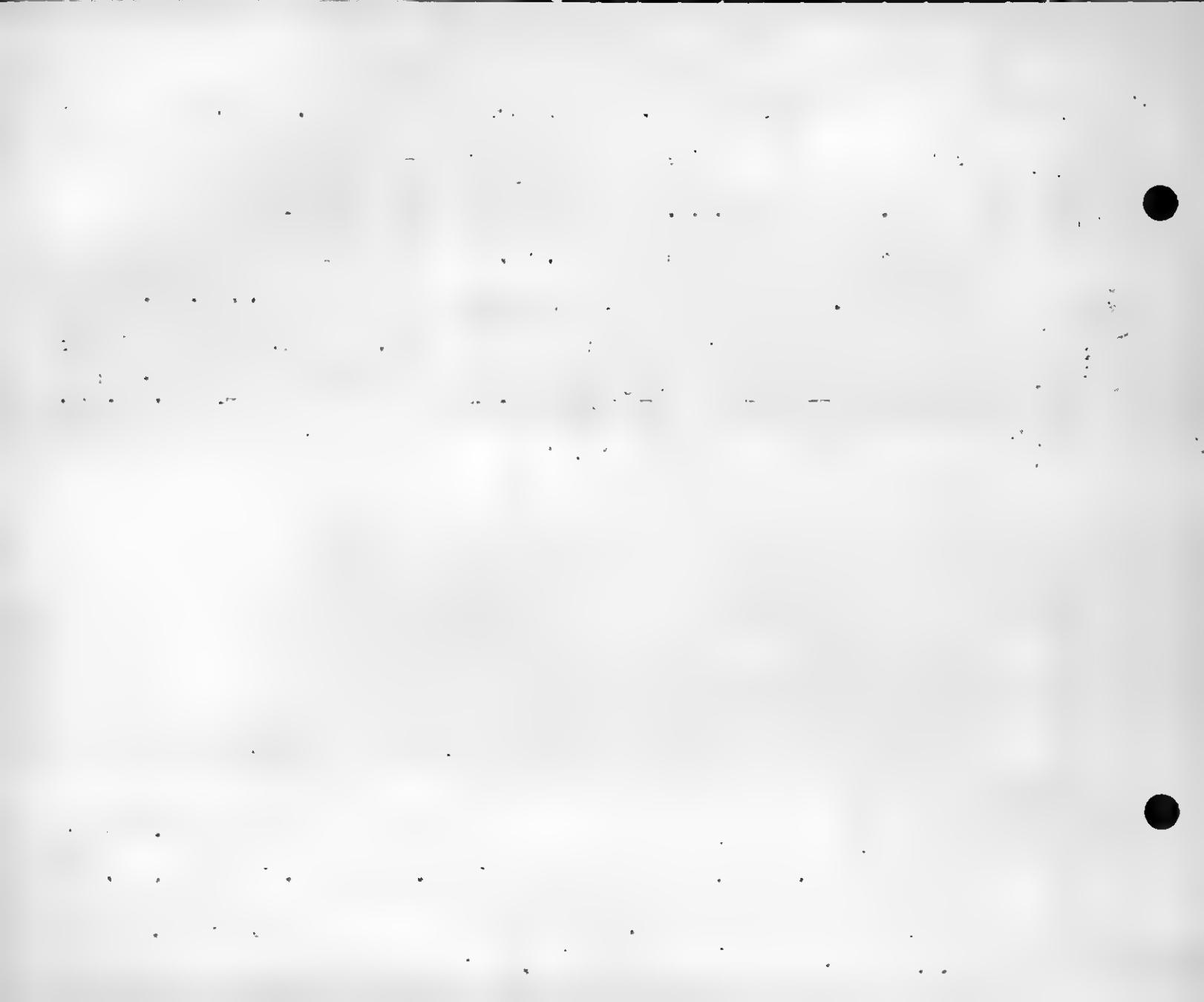
15941

Item#23b, Film#406 11/21/68 km CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
 Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED-NAME (Type or print)	First Raymond	Middle R.	Last Sweeney	2a. DATE OF DEATH Month Nov.	Day 11	Year 68	2b. HOUR 4:50 P.M.
3. SEX Male	4 RACE White	5. DATE OF BIRTH May 21- 1896			6 AGE (in years last birthday) 72	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick			Md.	
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 134 West 4th. St.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired-			12b. KIND OF BUSINESS OR IND.STRY Brush Factory
13a. USUAL RESIDENCE (Where deceased lived, if institution before admission) STATE Md.	13b. CITY OR TOWN Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMIT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 134 W. 4th. St.			
14. FATHER'S NAME Francis McClellan	Middle Sweeney	Last	15. MOTHER'S MAIDEN NAME Emma	Middle	Last Katherine	Wilhide	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO (If yes give war or dates of service) 214-10-2350	17. INFORMANT Frederick	Address Md. 21701 Mrs. Alice Rodgers Sweeney-134 W. 4th. St.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-3 mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>During cancer with metastasis</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>163X</i>							
19a. DATE OF OPERATION <i>163X</i>	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from <i>1962</i> , 19, to <i>11-11-1968</i> , that (I) (we) last saw the deceased alive on <i>11-10-1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>Rex R. Martin</i>		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <i>Nov. 12-1968</i>		
22d. PHYSICIAN'S NAME (Type) Dr. Rex R. Martin		22e. ADDRESS 220 N. Market St. Frederick, Md. 21701					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 14, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery	23d. LOCATION (City or Town) Frederick- Md. 21701		(County)	(State)	
24. FUNERAL DIRECTOR Elwood T. M.R. Etchison & Son	ADDRESS Frederick, Md. 21701	25a. REC'D BY REGISTRAR DAT NOV 18 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Young</i>				

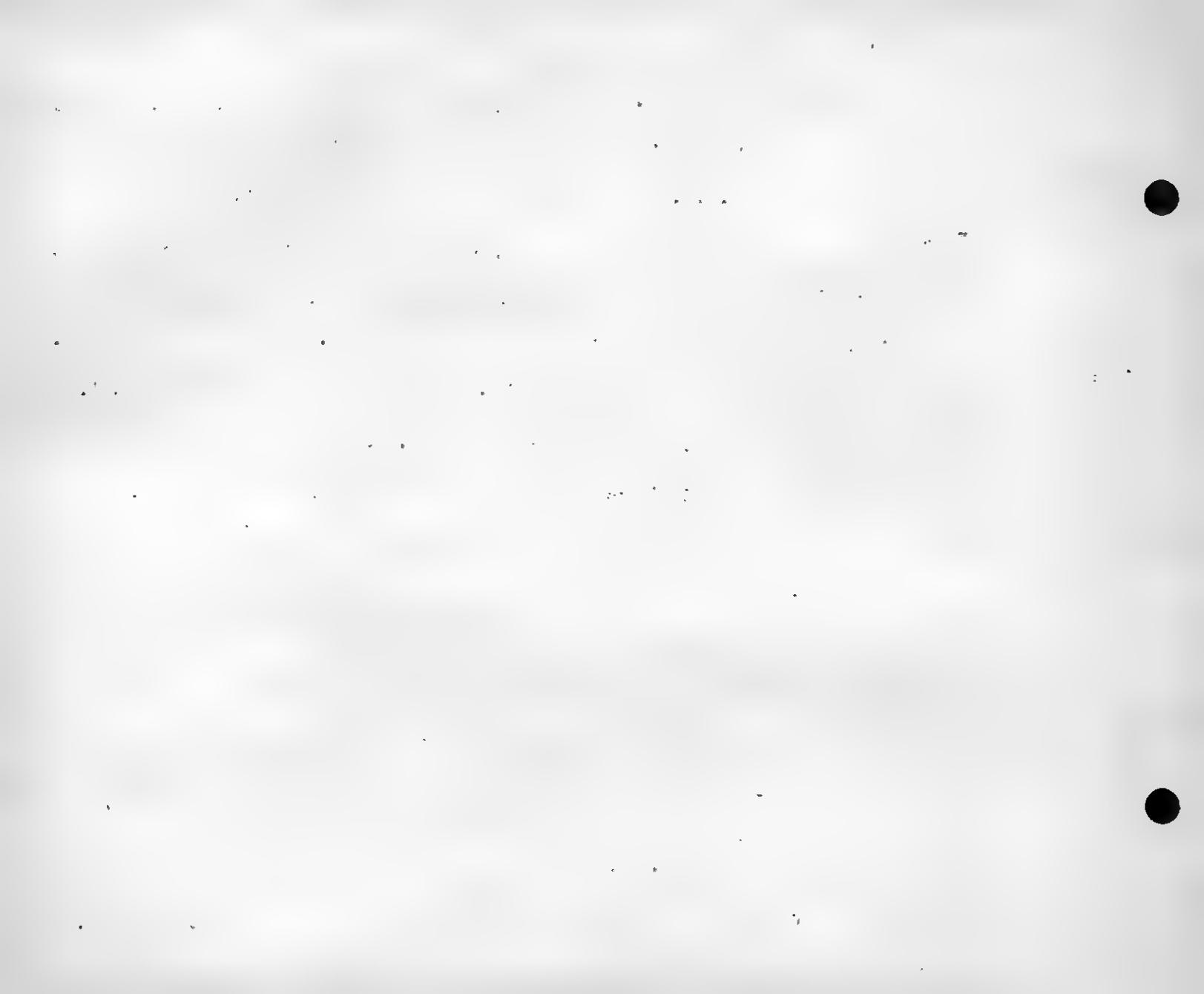


CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or the attending physician's director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon paper, page 1 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and bury in a vault or casket.

1. DECEASED NAME (Type or print)	First John	Middle L.	Last Tritapoe	20. DATE OF DEATH Month 11 Day 18 Year 68	2b. HOUR 6:30 P.M.
3. SEX Male	4 RACE Caucasian	5. DATE OF BIRTH 2 - 22 - 1884		6. AGE (In years last birthday) 85 04 yrs.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick		Md.
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Nursing Center		12a. USUAL OCCUPATION (Kind of work done during most of work life, even if retired) Retired Employee		12b. KIND OF BUSINESS OR INDUSTRY R.H.
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 226 Dill Avenue	
14. FATHER'S NAME First George	Middle H.	Last Tritapoe	15. MOTHER'S MAIDEN NAME First Vandelia	Middle	Last Castle
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, (acronym) No	16b. SOCIAL SECURITY NO (If yes give war or dates of service)	17. INFORMANT Mrs. Mary Steele - Frederick, Md.	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>cerbral Haemorrhage</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 days		
(b) <u>arteriosclerotic Cardio-vascular disease</u> DUE TO, OR AS A CONSEQUENCE OF (c)			Several years -		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>Broncho-Pneumonia</u>					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>June 17, 1965</u> , to <u>Nov 18, 1968</u> , that (I) (we) last saw the deceased alive on <u>Nov 18, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>A.A. Pearce Sr</u>	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <u>11/19/68</u>	
22d. PHYSICIAN'S NAME (Type) A.A. Pearce, Sr. M.D.	22e. ADDRESS <u>Frederick Md</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/21/68	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Union Cemetery, Brunswick, Maryland	23d. LOCATION (City or Town) Burkittsville	(County) Md.	(State)
24. FUNERAL DIRECTOR Fleete Funeral Home	25a. REC'D BY REGISTRAR DATE NOV 2 1968		25b. REGISTRAR'S SIGNATURE		



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print)			First	Middle	Last	2a. DATE KNOWN OF DEATH ESTI- MATED <input checked="" type="checkbox"/>	Month	Day	Year	2b. HOUR M
			Lester	Basil	Watkins	11	14	1968		
3 SEX	4. RACE	5 DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS HOURS				2d HOUR M	
Male	White	Apr. 3, 1910	58 YRS							
7a BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8	MARRIED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	9 COUNTY OF DEATH	Frederick		
10 CITY OR TOWN OF DEATH			11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. U.S.A. OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY	
Frederick			Frederick Mem. Hospital			Service Station Operator			Md	
13a. USUAL RESIDENCE (Where deceased lived, if inst tut on. Res dence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LHM TS?	13e. STREET AND NUMBER						
Maryland	Carroll	Mt. Airy	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				722 N. Main St.		
14 FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last			
Sylvester			Watkins			Helen			Buxton	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	16c. INFORMANT	ADDRESS							
No	213-01-5611	Mrs Evelyn Watkins, Mt. Airy, Md.								
IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										
PART 1. DEATH WAS CAUSED BY										
IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure</u>										
4129 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										
DUE TO, OR AS A CONSEQUENCE OF										
(b) <u>Arteriosclerotic Cardiouniversal Disease</u>										
DUE TO, OR AS A CONSEQUENCE OF										
(c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
4221										
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?				
									YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day Year HOUR A.M. P.M.		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)						
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No		City or Town		County	State	
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE <u>Robert J. Thomas</u>		EXAMINER'S NAME (Type) <u>Robert J. Thomas</u>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 16, 1968		23c. NAME OF CEMETERY OR CREMATORIAL Montgomery Meth.		23d. LOCATION (City or Town) Clagettsville, Md.		(County) (State)		
24. FUNERAL DIRECTOR		ADDRESS Olin L. Molesworth, Damascus, Md.		25a. REC'D BY REGISTRAR DATE NOV 18 1968		25b. REGISTRAR'S SIGNATURE <u>Charles Young</u>				

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15947

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Lenore	Middle Irene	Last Whitmore	2a. DATE OF DEATH Nov. 6 Day 1968 Year 13 ⁰ AM	2b. HOUR 13 ⁰ AM		
3. SEX Female	4. RACE white	5. DATE OF BIRTH SEPT 12-1900		6. AGE (In years last birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH FREDERICK			
10. CITY OR TOWN OF DEATH FREDERICK	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) MEMORIAL HOSPITAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) SCHOOL TEACHER		12b. KIND OF BUSINESS OR INDUSTRY TEACHER		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY FREDERICK	13c. CITY OR TOWN JOHNSVILLE	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER MAIN ST. (NONE)			
14. FATHER'S NAME DANIEL	First Middle WHITMORE	Last	15. MOTHER'S MAIDEN NAME GERTRUDE	First Middle STRAWSBURG	Last	Address MD	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO	16b. SOCIAL SECURITY NO. 212-38-7481 212-38-7581	17. INFORMANT MARGARET NICODEMUS	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis of abdominal Cavity with ascites 2-3 mo</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Adenocarcinoma of colon</i> DUE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr.		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1538							
19a. DATE OF OPERATION 1538	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from Nov 1, 1968, to Nov 6, 1968, that (I) (we) last saw the deceased alive on Nov 6, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Henry V. Chase MD	22c. DATE SIGNED 6 Nov 1968						
22d. PHYSICIAN'S NAME (Type) Henry V. Chase	22e. ADDRESS 804 Toll House Frederick, Md						
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/19/68	23c. NAME OF CEMETERY OR CREMATORIAL METHODIST	23d. LOCATION (City or Town) JOHNSVILLE	(County) MD	(State)		
24. FUNERAL DIRECTOR D. Hartzler & Sons	ADDRESS Libertytown Md	25a. REC'D BY REGISTRAR NOV 12 1968	25b. REGISTRAR'S SIGNATURE Charles Judge				

Item 11 Film G 407 12/6/68 11w CERTIFICATE OF DEATH

15948

1 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First CREOLA	Middle V.	Last WINFIELD	2a. DATE OF DEATH Month November	Day 30	Year 1968	2b. HOUR 8A M
3. SEX female	4. RACE white	5. DATE OF BIRTH Sept. 12, 1880		6. AGE (In years last birthday) 88	7. IF UNDER 1 YEAR MONTHS 0		8. IF UNDER 24 HRS HOURS 0
7a. BIRTHPLACE (State or foreign country) Fred. Co. Nd.	7b. CITIZEN OF WHAT COUNTRY? U S A	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick	Md.			
10. CITY OR TOWN OF DEATH Myersville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Main Street		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY own home		
13a. USUAL RESIDENCE (Where deceased admission) Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Myersville	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER Rt # 2			
14. FATHER'S NAME First James	Middle O.	Last Harme	15. MOTHER'S MAIDEN NAME First Anna	Middle Mae	Last Burrier	Address	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown? no	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT Mrs. A. L. Kline, Myersville, Md.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyperpyrexia x Respiratory Arrest		DUE TO, OR AS A CONSEQUENCE OF Major Cerebrovascular Accident		24 hrs			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause 436.9		DUE TO, OR AS A CONSEQUENCE OF Advanced Atherosclerotic Heart Disease		48 hrs			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 331X							
19a. DATE OF OPERATION 7/31/68	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> If either, notify medical examiner	21b. TIME OF INJURY Hour A.M. 19 P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) While at work					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. 1204 173	City or Town Myersville	County Maryland	State		
22a. I certify that (I) (this hospital) attended the deceased from 2-9 , 1968, to 11-30 , 1968, that (I) (we) last saw the deceased alive on 11-29 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) did (did not) view the body after death.							
22b. SIGNATURE Charles R. Wierer	DEGREE MD	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 12-2-68		
22d. PHYSICIAN'S NAME (Type) CHARLES R. WIERER	22e. ADDRESS 1204 173, Myersville, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 3, 1968	23c. NAME OF CEMETERY OR CREMATORIAL United Methodist	23d. LOCATION (City or Town) Garfield	(County) Fred. Co. Md.	(State)		
24. FUNERAL DIRECTOR W. J. Bittle	ADDRESS 1204 173, Myersville, Md.	25a. REC'D BY REGISTRAR DEC 3 1968	25b. REGISTRAR'S SIGNATURE Charles Judge				

